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Can't touch this...

without a condom

abstain...
or use protection

use a condom

The National Condom Campaign

A minor dissertation submitted in *partial* fulfillment of the requirements for the award of the degree of
MPHIL in HIV/AIDS and Society based in the Social Anthropology Department

University of Cape Town

[English form in declaration](#)

UNIVERSITY OF CAPE TOWN
GRADUATE SCHOOL IN HUMANITIES

DECLARATION BY CANDIDATE FOR THE DEGREE OF
MASTER IN THE FACULTY OF HUMANITIES

I, *(name of candidate)*

Amber Abrams

of *(address of candidate)*

3 Beach Road, Empire Flats, Muizenberg

do hereby declare that I empower the University of Cape Town to produce for the purpose of research either the whole or any portion of the contents of my dissertation entitled:

"Perceptual Change through Transnational Experience: American Exchange Students and HIV/AIDS"

in ~~any~~ manner whatsoever.

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June 11, 2008

CANDIDATE'S SIGNATURE

DATE

UNIVERSITY OF CAPE TOWN

GRADUATE SCHOOL IN HUMANITIES

Perceptual Change Through Transnational Experience:

American Exchange Students and HIV/AIDS

Amber Abrams / Abramb001

A minor dissertation submitted in *partial* fulfillment of the requirements for the
award of the degree of MPHIL in HIV/AIDS and Society based in the Social
Anthropology Department

Faculty of the Humanities

University of Cape Town

June, 2008

COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature: Signature removed Date: June 11, 2008

Dedication:

I do not walk away from this research washing my hands of the experience or the people I have met. I continue to be in contact with a great number of my respondents, for whom I must thank for reviewing this thesis as it was being written and giving invaluable commentary. Although I know that my position as researcher did affect my respondents' stay in Cape Town, both in their reflection on the topic at hand, and in their awareness of the constructs of Africa, perhaps affecting their interactions "in Africa," I can confidently say that I have also been affected by each of them. For everything they claimed to have learned from me*, I have learned just as much, if not more, from my experience working with them. To my respondents, this thesis, this learning process, was/is for you!

On a different level, this thesis is for my grandpa's (Monty and Frank), two men who valued education, and would have loved to see their granddaughter at this moment – with love and remembrance.

* Jen: "[You] made me really open my eyes and pay attention to the media and people responses and actions. And it just helped me to focus on it and to see that, keep in the back of my head how my perceptions are changing" (final interview).

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Mom and Dad, without you, well, this page would be blank, there would be no computer to type this on, or degree to be writing for, but more than the materials you provide me with, it is your support, excitement in what I am doing and honesty with me that I appreciate the most. To Jesse, thanks my boet – “you’re the only one I would call in a situation like this!”

Abstract:

This thesis considers the power of United States popular media to construct both conceptions of “Africa” and knowledge of HIV/AIDS among exchange students in Cape Town, South Africa. Arguing that the reification of myths about Africa influenced respondents’ arrival stories and initial experiences, I exhibit how being in South Africa produced very different associations, particularly with regard to intimate relationships. Drawing on theoretical work that looks at the tendency to imagine disease as a product of “foreign” or “other” people, and building on respondents’ imaginary Africa, the conceptual linking of Africa to AIDS is highlighted in their discussions of expectations.

The linking of HIV/AIDS to Africa affects respondents decision to study in South Africa, as well as their initial interactions; highlighting the tendency of respondents to describe their motivation for studying in South Africa a result of a sense of “responsibility” they feel to “save” Africans from AIDS. Respondents’ urge to “save” is in tension with their initial tendency to distance themselves from HIV/AIDS in Africa through an imaginary matrix of immunity exhibited through rhetorics of difference. Evolving from respondents’ motivation to “save,” a discussion of “moral tourism” and “voluntourism” is explored. The thesis argues that the combination of voluntary services and living in Cape Town has the ability to change perceptions that were previously used as explanation for high levels of contraction rates of HIV/AIDS on the African continent and particularly in sub-Saharan Africa.

Contents:

Plagiarism declaration	I
Dedication	II
Acknowledgements	III
Abstract	IV
Introduction	1
The Research Sample	2
Aim.	2
Methods	3
Background	3
Chapter 1: Africa Produced	8
Media	9
A History of Neglect	10
Education	12
Misconceptions – By-products of US media portrayals of Africa	15
Expectations and Fear	17
Conclusion	20
Chapter 2: The U.S. and Them	21
Immunity	21
American Identity: a “Culture” and distancing tool	23
Death of a Nation – the othering of disease	25
The “Otherness” of HIV/AIDS	26
HIV/AIDS in the Media	28
American AIDS	30
“Matrix of Immunity”	33
Conclusion.	35
Chapter 3: African AIDS and the Urge to Voluntour	36
“African AIDS” and US Media	37
Difference?!	43
Decontextualizing Medicalization.	44
Difference in Representations	47
The Urge to Voluntour	49
Moral Tourism	51
Conclusion	52
Chapter 4: Experience, Catalyst for Change	53
SEX! The decision to have or not.	54
The Power of Volunteering	58
Reflecting on Their Place in Other People’s Space	60
Conclusion: The Experience of Change	64
Epilogue: Limitations and the Learning Experience	66

End Notes	70
Appendices	73
Appendix A	73
Appendix B	81
Bibliography	83

Introduction:

Perceptions of the Human Immune Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) among American students studying at the University of Cape Town (UCT) in South Africa are infused with particular portrayals of Africa in the United States (US). Based on ethnographic research with American foreign exchange students, this thesis argues that the US media and education system predisposes US students to hold negative assumptions of the health of third-world bodies and negative expectations of Africa, due to a decontextualized understanding of Africa and HIV/AIDS. Data collected between February and June 2007 indicates that student perceptions of Africa relating to HIV/AIDS changes as respondents develop their own understandings of life in Cape Town.

The World Health Organization (WHO) and the United Nations (UNAIDS) in 2006 estimated that 39.5 million people are living HIV+, while 2.9 million died of AIDS-related infections or illnesses, 4.3 million new infections occurred, and more than half of those (2.8 million or 65%) were in Sub-Saharan Africa. WHO and UNAIDS reports indicate “important increases” in areas of the world normally not linked to HIV/AIDS (Eastern Europe and Central Asia) (<http://www.who.int/hiv/mediacentre/news62/en/index.html>; July, 28, 2007). The difference in HIV/AIDS prevalence rates between North America and Africa has been explained through stereotypes that have “shaped . . . lay discourses” and “scientific theories held by Western scholars about Africa and African cultures” (Bibeau and Pedersen, 2002:164).

UCT, over recent years has hosted a growing number of international students (1,630 in 1996 - 4,374 in 2006), a majority of whom are American (International Academic Programs Office (IAPO), 2006). My research focuses on American students studying in Cape Town to evaluate the truth of the above statement and how respondents’ understanding of HIV/AIDS in Africa is distorted by pejorative media portrayals of Africa and HIV/AIDS prior to their experience in South Africa.

The Research Sample

Respondents in my sample are self-identified American citizens, self-identifying as “black” (Jane¹ and Nicole) Asian-American (Ammelie), “half Latina” (May) and white (the remainder). Of 15 key informants in my study, two were male. Ages ranged from 20 – 25. All but one respondent (Robin) were attending UCT at the time of the research, and all but two had been staying in Cape Town for approximately two weeks when I met them (Therese and Robin had been in South Africa for six and four months respectively). Respondents came from different universities, different states, and academic disciplines - development studies, health-related fields, media studies and “humanities.” Most came from middle-/upper-class economic backgrounds and were supported by family in their university and travel endeavours, although a few earned their own way.

Aim

This study aims to map the change, over the research period², of students’ perceptions and understanding of HIV/AIDS. Because AIDS is “a new sickness,” it “poses important methodological and theoretical problems for medical anthropology” having “spread rapidly across the boundaries (First World/Third World) that anthropology has helped to create and maintain” (Farmer, 2004:253). This paper considers what happens when American “first-world” students cross that “boundary” and meet face to face with the “made-up people” of “first-world” representations of the “third-world” (Hacking, 1999). According to Farmer, “what is needed methodologically, is a time-oriented ethnography that” shows:

how local commentary . . . can be linked to a variety of processes unfolding simultaneously on very different scales of time and place, . . . to note the difference between what might be called the “foreground preoccupation” of the actors or commentators on these events, and the “background conditions” informing their situation that figure much more prominently in the preoccupations of the historically minded ethnographer (Moore 1987:731 in Farmer, 2004:253)³.

¹ Pseudonyms have been used to protect the identity of respondents.

² Stated before – lasting from early February to the second week of June in 2007.

³ In this case, the local commentary is unfolding over time, with the “foreground preoccupation” varying in each individual case (according to the individual’s lived experiences and social context), from a complex fear of rape, to an urgent yearning to “save African babies,” created in large part by the media’s (as well as the government, schools, parents) “making up” of a people and place (“Africa”). This “making up” of people is paired with an assumption of particular “background conditions” – the notion of a disease-ridden, in need of help, suffering African, who can be saved by learning how to use condoms and how to have safe sex – which are “set up” through the structures of media, education and government portrayal. The experience in this “imagined space,” (“Africa”) where the actual “background conditions” (which students uncover for themselves over time – i.e., in realizations of the

To map such changes, this dissertation draws on literature from medical anthropology and embodied experience, media studies, the production of knowledge, and the production of identities of “others” (the “making-up” of peoples, vis-à-vis identity affiliations).

Methods

This longitudinal research incorporated initial questionnaires to obtain demographic information and a basic analysis of students’ understanding of HIV/AIDS. Individual interviews drew on themes that emerged in questionnaires and built on topics that arose in the course of exploring respondents’ understandings of HIV/AIDS. Weekly focus groups, drawing on themes that developed out of interviews, along with mapping and drawing exercises were conducted. Throughout the research period, I joined my participants on daily activities and on volunteer projects as a participant-observer. I concluded my research with follow-up interviews asking for respondents’ reflections on their experience. Respondents were asked to keep journals for reflection, and to take photos of anything they felt related to HIV/AIDS. Only one respondent gave me photos⁴ and two participants completed the journal, the rest apologised explaining that they found it difficult to remember to write in a journal, although they were reminded weekly.

Background

Early attempts to explain higher rates of HIV/AIDS in Africa ranged from a different type of “sexuality” to a different “culture” where polygamy was accepted. Caldwell, Caldwell and Quiggins (1989) and Rushton and Bogaert (1989) argue that due to evolution and genetics, black people in Africa are predisposed “to an absence of sexual restraint” thus “to higher exposure to sexually transmitted diseases,” and AIDS⁵ (Bibeau & Pedersen, 2002:150).

power differentials that come into play when acknowledging different lived experiences) are, in large part, ignored due to a legacy of colonialism, racism and evolutionary justification, will hopefully show that travel outside of the U.S. can change the produced conceptions of places and peoples.

⁴ Cover photo courtesy of Ann.

⁵ The example of higher androgen levels is used, creating an argument that is expressed in behavioural terms, loaded with racial stereotypes, such as the existence in “Africa” of “sexual cultures characterized by overall sexual permissiveness, multiple sexual partners, greater female extramarital sexual activity” which make “them ‘vulnerable to attack by all coital-related disorders’” (Caldwell, Caldwell and Quiggin, 1989:187 in Bibeau and Pedersen, 2002:151).

Public assumptions “that Africa is ‘ontologically’ plagued by the AIDS epidemic and little, if anything, can be done to control HIV transmission” results from what Charles Leslie (1990) termed “scientific racism” (Bibeau & Pedersen, 2002:151). “[S]cientific racism,” suggest Bibeau and Pederson make the Caldwells’ *et. al.*, and Rushton and Boagearts’ analyses “remain[s] invalid because it decontextualizes AIDS and African sexuality, ignoring the daily conditions in which people live” (2002: 156). Since the 1980s, theorists’ focus has shifted from an “African system of sexuality” to the “strategies of economic survival used by urban Africans today” (Goze and Seri, 1991; Bibeau and Pedersen, 2002:158), but general education and treatment of Africa by US popular media continue to ignore the strategies that some are forced to resort to.

Bibeau and Pedersen (2002) draw from Bruno Latour (1999) and Ian Hacking (1999) stating that, “knowledge is fundamentally a social product that often incorporates ideological elements” (164). The social production of knowledge regarding Africa, HIV/AIDS and HIV/AIDS in Africa is key to an inquiry into respondents’ understanding of HIV/AIDS in South Africa. Hacking explains that “[t]he advertising industry relies on our susceptibilities to role models and is largely engaged in trying to make up people” (2007:163). Accordingly, students reported that the majority of their knowledge regarding AIDS and Africa came from media. Media producers produce “knowledge,” creating “roles” into which people “fit” (Hacking, 2007:163; Kitzinger and Miller, 1992). This “fit” leads to an “understanding” of who, and how a particular people are, without ever having contact with those peoples. When the American student arrives in Cape Town “infused” with a particular “ideology” (Berger and Luckman, 1967; Hacking, 2007; Latour, 2007) s/he carries a set of assumptions, which is ultimately metamorphosed through the ‘bodily experience’ of interacting with, and living in a supposedly disease-ridden, chaotic “Africa.”

Expectations, created through the conceptualization of those “made-up” people, lead respondents to distance their bodies (i.e., maintain abstinence) from these made-up people before embarking on their travels. When the “made-up” people of “Africa” are not, upon arrival waiting with “baskets on their heads,” conceptions of “Africa” begin to change. I explore the understandings respondents’ had of Africa,

AIDS and AIDS in Africa - prior to arrival in Cape Town - and how understandings change once faced with their own experienced reality of Cape Town.

This research began by focusing on respondents' perceptions of HIV/AIDS in relation to Africa. Firstly, one must understand how respondents conceived of "Africa". The US education system is severely lacking when it comes to treating "Africa," often ignoring the social diversity of the continent (Kern-Foxworth 1985; Ogundimu 1994; Walker and Rasamimanana, 1993). Respondents reported an education that barely touched⁶ upon "Africa." Having learned only about the Apartheid era and/or the devastation wrought by civil wars through cursory treatment in US education, respondents were left to rely on (pejorative) popular media representations of "Africa."

Media campaigns are central to US HIV/AIDS information dissemination (Farmer 1994; Nelkin and Gilman, 1988; Nelkin, 1991), named by most respondents as the most influential awareness raising aspect. Since the early days of the "epidemic," US popular media has "labelled AIDS an African or Haitian disease" or a disease of the "other" as a means of placing blame beyond the borders of North America (Farmer 2005; Triechler, 1991; Nelkin and Gilman, 1988; Nelkin, 1991:299). Initial discussions with respondents convey a sense of immunity to HIV/AIDS (for themselves or American peers) due to these media messages.

Douglas (1992) and Sontag (1990) highlight the tendency to look at disease as a matter of the foreigner or other⁷, distancing the "Westerner" from the reality of contraction. This widens the divide between "us" and "them," allowing for the linkage of Africa to AIDS. Paula Triechler notes the "doomsday theme" that overwhelmingly

⁶ The education system in the U.S. is not the only responsible party for respondents' perceptions on Africa. Perceptions are produced through the entire lived experience of the individual and informed by the reality individuals encounter as they were raised. According to Berger and Luckman's The Social Construction of Reality, individuals "simultaneously" externalize their "own being into the social world and internalize it as an objective reality" (Berger & Luckman, 1967:129). The individual participates in a constant dialectic where initially he defines his reality ("objective") through the "definitions" of those "significant others" charged with his care – greatly influenced by the social structure into which he is born – and later (and less so) through interaction and "participation in each other's being" (Berger & Luckman, 1967:131). Thus the individual initially understands himself through the definitions taught to him, and later through participation with others – although this process may be slow and difficult to change (1966: 130).

⁷ Further substantiating this theory of "othering," Mary Douglas and Susan Sontag point out that disease is something "foreigners" "are prone to" highlighting the tendency to place blame on the "enemy" from the outside (Sontag, 1990: 152 & 105; Douglas 1992: 120). The "plague" metaphor that has emerged in the past two decades with regard to HIV/AIDS, is linked, according to Sontag, to a racist set of stereotypes that lead to speculation regarding the geographical origin of the disease which focuses discourse around a "familiar set of stereotypes about animality, sexual license and blacks" (1990: 105, 135-150).

dominates “US AIDS coverage” in developing nations, depicts the African continent as an “undifferentiated mass of disease,” and ‘exoticis[es]’ the practices of the “other” (Triechler, 1991: 87-89). The media leads respondents to distance themselves from HIV/AIDS and see it as a disease of “others.”

Product Red⁸ and daily infomercials urge Americans to donate to “AIDS orphans in Africa,” portraying AIDS as a specifically “African” social issue. Despite “real statistics”⁹ indicating sub-Saharan Africa as the largest growing HIV/AIDS+ population, statistics alone cannot explain the formula “AIDS = Africa.” Respondents were well informed by school education programs on the “biology” of the virus, but their social contextualization (or lack thereof) often came from media portrayals which neglected the social, economic and structural injustices that create uneven contraction rates.

Additionally, the media is partially responsible for respondents’ “urge” to “see Africa”¹⁰, and their sense of “responsibility” to help “Africans.” Triechler notes that “Western AIDS coverage” leaves the Westerner believing that “African people” are “passive recipients of internal and external help” while faulting “Africans at large” for ignoring the problem both consciously and from lack of knowledge (1991: 91). Thus respondents are facilitated in their assumption that these “passive recipients” are in need of help from abroad, resulting in their urge to “voluntour.”

The tendency to see “Africa” as a “foreign” mystical mass, undifferentiated by country, rife with poverty and disease¹¹, leads to a neo-colonial urge to solve the problems of people who “can’t help themselves” (Sontag, 1990; Douglas, 1992, Kern-

⁸ www.joinred.com is a campaign throughout the US and UK which urges buyers to buy red products produced by companies like Apple, Nike and American Express who donate a percentage of the proceeds to fight “AIDS in Africa.”

⁹ As real as any statistics can be – there is a plethora of academic work that has fully problematized the statistical analysis of HIV/AIDS in Africa from critiques on the sites of information capturing (neo-natal clinics) to the difficulty of disclosure (i.e. severe stigma or community ostracization, imagined or real) which acknowledge the inaccuracies of any statistical data.

¹⁰ The idea of a traditional, authentic Africa persists in the minds, language and imaginings of my respondents; so much so that Tanya Charles, a member of my cohort at UCT, has theorized that students from America seek to “consume” an “authentic” and “traditional” Africa (2007: 17). Developing her theory from the writings of Stuart Hall (1995) who positions “Africa” in opposition to the “West”, where the “Rest” is anything not “developed, industrialized,” etc., and Jon Goss’s approach to understanding “the capacity of the commodity to evoke nostalgic desire for an authentic anterior and exterior reality,” Ms. Charles sees the “American” students’ motivation to study in Africa (and all those decisions while in Africa) a result of the desire to consume Africa (Hall, 1995:57; Goss, 2005:56; Charles, 2007: 17 – 18).

¹¹ Of course there are students who have visited South Africa before, and arrive with expectations different from those of students visiting the first time; for those students who report to assume no “risk” in the move here, the concepts of placing blame, “othering” or understanding HIV/AIDS as carried by a “pollutant,” may not appear in their personal narratives of how they perceive HIV/AIDS.

Foxworth 1985; Ogundimu 1994; Walker and Rasamimanana, 1993)¹². The majority of respondents acknowledged that their plan to “help” by volunteering was a major impetus behind their decision to study abroad in South Africa – segueing into a discussion of “moral tourism.”

Respondents reported “visual images” as the foundation of their African HIV/AIDS knowledge: literal translation of television images led them to believe that they have come “in contact” with the reality of “Africa” and AIDS (Merleau-Ponty, 1962:187). However, as information is received largely through media portrayals and school lessons, the reality of these images is not contextualized.

Since respondents’ knowledge of “Africa” evolved mostly from media representations (i.e., visual images; Kiem, 1999), respondents initially conceptualize their body as bounded, separate entities, un-related to Africa (through “national” identity affiliations). Arrival in Cape Town (where lived experiences integrates bodies into their environment) changes body boundaries and the phenomenology of the lived experience, accessing a sense of interconnectedness with their South African peers (i.e., reflections on “their place in other people’s space”).

Only after contact with people living with HIV/AIDS (PLWHA) in volunteer positions in South Africa or in day-to-day life, did students begin to relate a “change” in their understanding of HIV/AIDS (specifically referencing the effects on families of HIV+ persons). After time in Cape Town, when asked again to define HIV/AIDS, students began to consider social factors such as poverty, and nutrition.

¹²This neo-colonial urge, fostered by the concept of “tradition” and “culture,” is problematized when students arrive in Cape Town, and discover the “culture” or “traditional” that they were seeking does not exist.

1. Africa Produced

... the media ... serve[s] to mobilize support for the special interests that dominate the state and private activity ... choices, emphases, and omissions can often be understood best ... by analyzing them in such terms ... the democratic postulate is that the media are independent and committed to discovering and reporting the truth, ... that they do not merely reflect the world as powerful groups wish it to be perceived. If, however, the powerful are able to fix the premises of discourse, to decide what the general populace is allowed to see, hear and think about, and to "manage" public opinion by regular propaganda campaigns, the standard view of how the system works is at serious odds with reality (Chomsky, 1994:xi).

Media messages produced in America are key to understanding how perceptions of Africa and 'Africans' are constructed, influencing the expectations of American foreign exchange students. Popular media sources utilize stereotypes that reify (homogenous) perceptions of Africa. Respondents, before arriving in Cape Town, understand Africa through misconceptions based on a history of neglect and racism, and thus have expectations/fears built on myths and stereotypes.

We never once were taught about anything that was going on in Africa ... Now that I think about it, I think that's how I realized how large a problem it was, through magazines and newspapers and I wasn't learning it from my school ... When I look back on it, there are so many issues. We didn't even learn about Apartheid when it was happening. We took world history, but world history was Europe and the US (Mary).

My respondents draw on popular media in America and their school education to express perceptions about (South) Africa. One question this data raises is to what extent home institutions prepare foreign exchange students for study-abroad programs. Intellectual histories, political analysis, ethnographies and good media coverage in the press about South Africa abound. Prior to entering the field, I wondered how foreign exchange students neglected to engage with these media? What are the dominant media representations that preclude 'ordinary' citizens from engaging in wider debates?

In spite of increased access to information, respondents retreated to common perceptions of Africa based on stereotypes revolving around a "third-world," poverty-stricken Africa which decontextualizes/exoticizes people (Trieckler, 1991).

Definitely think of it [Africa] as third world, more underdeveloped. You picture the townships that you see here with the poverty, mostly black, like the women carrying the water jugs on their head (Sally).

This quote evokes an anthropological imaginary of an under-developed, chaotic Africa. This stereotyping develops, according to anthropologists, when the commodification of "culture" contributes to a shared consensus about the "other" in Africa (Said, 1985: 2002; Lutz and Collins, 1993; Dunn, 1996; Crouch, 2005). Thus, study-abroad students (later theorized as migrants/tourists), according to David

Crouch are seduced through books, films and school-level education to tour other “cultures” motivated by a desire to consume “sites and sights across the world” (2005, 23; Charles, 2007:16).

Media:

Kelly Askew (2002) argues that anthropology is no longer the gatekeeper of ethnographic material: “...CNN, Hollywood, MTV, and other global media ...now present and represent cultures to the majority of our world” (1). Starting with Louis Althusser (1971), Noam Chomsky (1994), Pierre Bordieu (1998), anthropologists have examined the relationship between popular media and the potential for consent it produces in society.

Building on Stuart Hall’s theory that understands audiences as meaning-makers, Askew revisits this anthropological discussion by acknowledging that audiences engage with media rather than receive it¹³ - they are not passive receptacles when confronted with cultural information. Although the media invokes a “host of strategies (e.g. stereotyping, essentializing, reductionism, . . .binary oppositions, erasure, fantasy, fetishism . . .)” to steer audiences readings to favour “existing power structures” (Hall in Askew 2002:5), the nature of media producers’ power to produce absolute meanings associated with particular places is challenged. Messages produced by American media are key to understanding how images of Africa and Africans are generated, allowing for an understanding of exchange students’ expectations and interactions with their South African peers.

¹³ Media technologies are important to anthropological inquiry because they “. . . do not mediate between themselves and people. Rather, they mediate between people and this is what defines them as a distinct variety of technology. The relationship – often superficially glossed as “producers versus consumers” – can be decidedly hierarchical or more egalitarian than credited at first glance” (Askew, 2002:2).

A History of Neglect:

Africa is the most invisible continent, shoved to the margins of the world's political and economic systems, and into the furthest recesses of international consciousness (Hagos, 2000: 5).

Asgede Hagos (2000) described “a long legacy of neglect of Africa and Africans by the American press” (2). Africa’s position¹⁴ as “the world’s most ignored major region” in Western press results from “a combination of neglect and distortion, or omission and commission . . . which contribute to the marginalization of the continent” (Hagos, 2000:2, 4). Hagos contextualizes this by discussing the creation of America’s image of Africa, and the structural¹⁵ networks of power that led to a “made-up” Africa (2000:4).

I think that comes from, largely the media. Blame the media. . . we don’t get a lot of positive media coming out of Africa, or well-rounded media. I found, just last week, that there are only six full-time, American correspondents from American papers stationed in Africa and Boston Globe’s pulling their’s out. . . what we do get is very watered down, cut-short stuff from the AP or Reuters. Not a lot of Americans come here because it is expensive and it’s scary for them (Therese).

Curtis Keim¹⁶ noticed that his “students’ ability to approach the continent” was “deeply influenced [by] American stereotypes about Africa” (1999:xi). He notes that Africa is under-represented in media portrayals and highlights the American subconscious focus on Africa:

Most of us who are Americans know little about Africa. We might have studied Africa for a few weeks in school or glanced occasionally at newspaper headlines about Rwanda, Congo or South Africa, but rarely have we actually thought seriously about Africa. And if we do want to learn about Africa, it is difficult to find ample and accurate information in our popular media such as television and newspapers. Africa and its people are simply a marginal part of American consciousness. Africa is, however, very much a part of the American subconscious. Ironically, even though we know little about Africa, we carry strong mental images of the continent” (Keim, 1999: 3).

¹⁴ Hagos (2000), in his book *Hardened Images* analyzes Western media portrayals of Africa. Borrowing from Kruijer (1987), he notes that information flow is in large part due to the structural inequality evident in any center/periphery model of relationships where exploitation occurs; explaining that “the structural relationship between the developing and the developed nations can be viewed from the same structural schema” as those urban/rural models of countries “based on exploitation”(6). Hagos theorizes that in the case of Africa “the Western press” is “an integral part of the Center,” as it is the “voice of the dominant forces” and is integral in that Center’s “relationship with the Periphery” because it acts as “voice” for dominant forces “creating a single consensus among all sectors of the social order based on the ideology of the dominant forces” (Hagos, 2000: 7). The Center strives for hegemonic control over media outlets because according to Bagdikian, the more control the government has over information flow “has come to mean more national security” (Hagos, 2000:11).

¹⁵ Lutz and Collins (1993) express the belief that Africa is one of the most “under-represented area[s] of the world” because it “sits at the periphery of the gaze” due both to “contemporary state policy that defines the strategically worthwhile” and/or “the long-standing Western cultural views that influence the value the eye wishes to behold” (Lutz and Collins, 1993:131). Thus “the sins of omission are as serious as those of commission” (Mencher 1997:67 in Hagos, 2000).

¹⁶ Keim, a professor who teaches “about Africa” at a liberal arts college in the U.S., wrote Mistaking Africa after years of teaching “cultural studies.”

Africa is shrouded by mystery “historical misperception, ignorance, stereotype, and myth;” shadows are cast “upon our thinking” when it comes to Africa, as Keim highlights regarding the American public’s tendency to rely on the ‘made-up’ images¹⁷ of Africa (1999:5).

Africa is portrayed as a distant site with many problems:

I just saw it as distant. You see all these movies where Africa is portrayed as this place with all these issues they are grappling with . . . there are so many it doesn’t know where to begin or what to address first. How do you order things in order of importance when there are so many different problems at hand? It’s funny because when I came, I expected chaos and when I arrived, everything was almost scarily in order. Our plane was on time, the people to pick us up were actually there (Jen).

Jen’s discussion of how everything was “scarily in order” exhibits expectations of chaos and under-development. Media portrayals reinforce stereotypes through “constant and consistent bombardment” of repeated images (Dunn, 1996:170) shaping the perceptions of my respondents.

The lack of images of “Africans involved in ‘normal’ acts” such as cooking for themselves, working urban jobs, eating or sleeping according to Drinnon (1988), Dunn (1996:158) and Lutz and Collins (1993: 133, 253) reifies stereotypes and maintains decontextualized perceptions of “Africans” (i.e., “living in huts” (Nicole)):

. . . people from the US have a very third world concept of Africa, it’s a kind of starving bloated child in a village somewhere. If you look at the media, those are the images that are presented to people in the US. Plus a lot of political strife, that’s another thing that we hear about (May).

Stock images of political strife or starving children “encourage or validate” European colonial practices, where “the *au naturel* savage and the colonized servants” exemplify “the ‘before’ and ‘after’ . . . effects of civilization” (Dunn, 1996: 169). This portrayal of the “African” either at war or suffering impoverishment perpetuates fear, maintaining established images of African savagery; “the images of heathen savages created earlier by European slave traders are perpetuated as they become part of the established image of Africa” (Dunn, 1996:158 - 159). Dunn (1996:153) notes

¹⁷The power of images, to invoke and create conceptual differences has been discussed and analysed by numerous academics (Hagos, 2002; Rigby, 1996; Lutz and Collins, 1993; Dunn, 1996; Askew, 2002). Following Debord (1983), and Ewen(1988), Lutz and Collins argue that “the image is central to contemporary society, that photograph and film have taken over from written texts the role of primary educator” (1993:4). Others have argued that “media products” are simply “empty vessel[s]’ awaiting audiences to pour meaning into them” (Carragee 1990; Barkin and Gurevitch 1987:18) claiming that it is not the image but “the cultural discourses that surround the image” (Fiske 1986) that carry the meaning (Lutz and Collins, 1993:218-219). For the purposes of this paper, what becomes most important is the meaning and understanding that respondents take away from the media images; whether it is directly from the image itself, or the discussion and discourse that emerges, is secondary.

that “seven stock-images¹⁸” of Africa “still prevail today” which stand in stark contrast to “civilized” Europe.

... I didn't know what to expect in terms of environment, that's another thing that's shocking. I see the familiar, this is terrible, the Lion King - looking at certain types of trees, and you see desert, rocks ... you don't know where the Lion King takes place but you know its Africa. You know the type of animals that are there. ... I wasn't naïve, I didn't think I would get off the plane and there's gonna be an elephant walking across the road. I knew there would be reserves ... I would have to travel to go and see that. But I didn't realize how many palm trees and how touristy ... (Jen).

Stereotypes and stock images have not diminished: “The continuation of these representations in later popular films, even today, testifies to their accepted ‘truthfulness’ by audiences and film-makers,” so that the portrayal of Africa remains closely tied to the images motivated by colonialism, and justification for slavery (Dunn, 1996: 170). Stereotypes from movies, television and print media “are all about war, violence, disease,” about “failed development,” and “poor Africans running around the jungle with machetes ...” (Tara & Shay, initial interviews). Media portrayals of Africa, of chaotic civil-warring, “women carrying water jugs on their heads” (Sally) or extreme impoverishment are discussed:

Hungry, AIDS ridden, and in need of help, not being able to help themselves, um completely undeveloped ... they portray Africa with kids with flies on their face and living in shacks (Nicole).

Education:

Respondents explained that school education portrayed an imaginary continent with homogenous cultural practices. Little attention was given to the differences within and between countries in Africa, focusing instead on hunter-gatherer communities or slavery.

Usually when you are taught about Africa it's tied to slavery in the US. You hear about the slave trade and then you read about African culture in that context (Sally).

Sally's explanation of her introduction to Africa exhibits how individual identities of the different African peoples are ignored by US public education, reinforcing generalized images about Africa and Africans.

¹⁸ Africa as: 1. a physical and psychological challenge to be conquered (Dunn, 1996:167); 2. an “untamed wilderness” (Dunn, 1996:153); 3. “inhospitable to the white man ...” (Dunn, 1996:156); 4. a “keeper of a great and undiscovered treasure¹⁸” (Dunn, 1996: 156); 5. “hunter's paradise” (Dunn, 1996:156); 6. “the land that time forgot¹⁸” (Dunn, 1996:157); 7. “a dreamland at odds with itself: at times a dream/paradise and at others a nightmare” (Dunn, 1996: 157).

Gramsci stresses the importance of education as the “process of modifying social relations and the social environment” (Gramsci, 1971; Landy, 1986: 67). Education largely influences the way in which people conceptualize themselves and relate to one another. Through education, students are taught not only facts about certain places, but also those which are pertinent to their existence and should be afforded attention. The treatment of Africa in US public education is notoriously poor (Kern-Foxworth 1985; Ogundimu 1994; Walker and Rasamimanana, 1993). A 1990 Rockefeller Foundation Report¹⁹, stated that Africa “remains the most neglected world area” in state and national curriculums²⁰ (Rich, Renyi and Freidrich, 1990; Jacqz, 1967; O’ Tool and Schafer, 1974; Walker and Rasamimanana, 1993: 3).

The American education system relies on out-of-date materials that tend to stereotype “the African” (Walker and Rasamimanana, 1993). “Social studies” lessons revolving around “hunter-gatherer tribes,” or the “slave trade,” or science lessons that teach about the “savannah habitats,” “jungles” or “the wild” (Shay and Jen), produce concepts of Africa “through a web of myth and unfavourable stereotypes” which “increase as students progressed” through high school (Hicks and Beyer, 1970: 158 – 166 in O’ Tool and Schafer, 1974: 159).

Misconceptions in the minds of students²¹ are reified by educators. Walker and Rasamimanana (1993) discovered in analysing visual teaching aids of a “model public school,” that “despite the abundance of local experts and library resources,” those used were “inaccurate, misleading and pejorative” (10). Since “almost all” visual teaching aids “on Africa exhibited the worst imaginable and well-documented stereotypes, . . . Eurocentric misperceptions about Africa and its people” are reinforced (Walker and Rasamimanana, 1993:7, 10; O’Toole and Schafer²², 1974).

¹⁹ This report, A Greater Voice for Africa in the Schools, drew on the 1967 Carnegie Corporation Report, Informing Americans About Africa.

²⁰ According to Walker and Rasamimanana “both reports identify contemporary media representations of Africa and Africans as major contributors” to limited and stereotypical knowledge that students have of Africa (Walker and Rasamimanana, 1993: 3).

²¹ Chanda’s Secret, winner of the Michael L. Printz Honor Book Award, and lauded by an educational magazine (according to the jacket of the novel) as a “convincing” account of the details of life in “sub-Saharan” Africa and an “authentic” resource for teaching, simplified and generalized life in sub-Saharan Africa to the point that the reader was left to understand that this un-named place, rife with poverty and disease, where Chanda lived, exemplified all of southern Africa, or all of Africa for that matter as no attempt or reference was made to (or hints that would allow the reader to infer) the location or positionality of this un-named “African” town (www.amazon.com, January, 2007 and August 18, 2007).

²² One commonly used publication in US education is “the ‘Peoples of Africa’ survey often built on ‘Seligman’s racist classic, *The Races of Africa* (1930, republished in 1957; for critical analysis see Bohannon and Curtin, 1971 --. 40 -49), or Murdock’s synthetic and obsolete *Africa: Its Peoples and*

Respondents reported being given more information about South Africa than anywhere else in Africa. Lessons either focused on SA or on countries embroiled in civil unrest, reinforcing the concept of the "African savage." Paul explained that his private school may have offered him a better perspective on the diversity of Africa:

I went to a private high school. Freshman year we had to take a world history class and the first section was on South Africa. . . . everybody learns about Apartheid and you read *Pride Below My Country* [sic]²³ . . . Even history in general, it's amazing what you learn and what you don't. That was high school, we didn't learn anything else . . . I took a class right before I came actually which was called the Colonization of Africa. We just covered a few different countries, we did Kenya and Congo, South Africa and a couple of others. It was a really cool class because we did fiction and non-fiction and actually got to read some African literature, which you never get to do. I want to take another class when I get back, but we don't really have a lot offered . . . you can get a certificate in African Studies, but you can't get a degree. You can't even stay at Mass to get it because we don't have enough classes to fill it . . .

Even where students perceive their education to be "pretty good" with regard to Africa, only one class in Paul's high school dealt with Africa, and in doing so dealt only with South Africa. The narrow focus on South Africa, according to Kitzinger and Miller (1992), is a by-product of its status and association with "western and white" societies, reflecting earlier differentiations where "black Africa" was seen as distinctly different from "South Africa"²⁴ (Kitzinger and Miller, 1992:33). These portrayals fall back on past racist constructions where Africa is understood as a broadly generalized topic of study, without regard to the diversity of the continent²⁵

Their Cultural History (1959)" (O'Toole and Schafer, 1974: 160). According to O'Toole and Schafer, these sources, "at best . . . create a somewhat accurate though static view of the ethnic diversity of Africa. But too often the student leaves the class with reinforced stereotypes of a continent populated by an incredible chaos of Pygmy (sic), Bushamn (sic), Masai, and Tutsi living in splendid isolation from each other and the rest of mankind" (O'Toole and Schafer, 1974:160).

²³ Evidently Paul meant *Cry the Beloved Country*.

²⁴ In the mid 1980s media descriptions saw South Africa "'holding the line' against an HIV invasion apparently threatening to surge across the border from black Africa" (ITN2200, 5 December, 1986 in Kitzinger and Miller, 1992: 33) highlighting the fact "that television news distinctions are often not about territorial boundaries but are based on the difference between black and white" (Kitzinger and Miller, 1992:33). The individualized focus on South Africa prior to 1994 supports what Cindy Patton calls "political and social violence" which results from "collapsing the many cultures of the African continent in the invention of 'Africa'" (1990:25).

²⁵ Paul notes that he took one course in University that focused on Africa, but again they "did" only Kenya, Congo and South Africa possibly further reifying existent stereotypes of "Africa" and "Africanness." Paul's college, the University of Massachusetts is large, funded privately and by the state, yet it does not offer a degree option that focuses on Africa, only a certificate, further menializing the importance of the study of the multiple and variant aspects of the African continent. Bohannon and Curtin (1971) speak of the "twofold task" of unveiling to the American student a more realistic presentation of "Africa" as a result of the fact that "Africa has, for generations now, been viewed through a web of myth so pervasive and so glib" that the task of understanding it begins with "the task of clarifying the myth and the separate task of examining whatever reality has been hidden behind it. Only as it is stated and told can the myth be stripped away. Only if the myth is stripped away can the reality of Africa emerge" (3; in O'Toole and Schafer, 1974: 162).

(Kern-Foxworth 1985; Ogundimu 1994; Walker and Rasamimanana, 1993; Rigby 1996; Kiem 1999; Sontag, 1990).

Approaches to teaching about Africa, seemingly ignore social factors, creating an ability amongst respondents to name economic and political situations such as civil wars in Congo or Apartheid in South Africa, without contextualizing (or conceptualizing) the forces that have created such situations. This facilitates a conceptual distancing from the various “structural inequalities” in Africa that result in social violence.

Misconceptions: By-products of US Media Portrayals of Africa

In exploring the “assumption” that “uncomplicated, unilineal transmission of media messages” from “producer to consumer” exists ²⁶ (Askew, 2002:5) I asked students to discuss how they understood US media representations of “Africa” in focus groups and interviews. One conversation illuminated a key misunderstanding that a number of my participants admitted to before arriving in Cape Town:

Shay: I think that was probably a huge contribution to my coming here, thinking, hey Cameroon will be just like South Africa, you know, just one big country.

Amber: You thought that?

Shay: At first, yeah.

Amber: Tell me about that?

Shay: I think, because a lot of people would say, “You are going to AFRICA?” But I’m going to Cameroon, then I’m going to South Africa . . . and they would say SOUTH AFRICA? All the countries in South Africa or just one of them? I think I just started to shut off. “Yeah I’m going to Africa,” because I knew what I was hearing . . . I had done my own research, and taken a class in college about slavery and Africa, not the slave trade, but slavery within Africa. There’s upper Sahara and all those other places, so I knew Africa wasn’t just one and I knew here might as well just be disconnected from the rest of Africa in some ways, like South Africa. I did have that general knowledge, but I think my mind just shut off.

Hagos highlights this same misconception of Africa “as one undifferentiated mass” noting that confusion results from “constant attempt[s] to portray the region through the prism of Eurocentrism” (Hagos, 2000:5; Triechler 1991; Patton, 1990). Shay highlighted popular news reports as the source of her confusion:

If someone is talking about Africa they show the whole continent, they show the entire African continent, that’s like a symbol in the US, in and of itself.

This discussion highlighted a confusion that others experienced, and gave a nuanced explanation of the ways in which my respondents understood Cape Town within the

²⁶ This is further problematized by the intended message of the producers in contrast to the perspective of the consumer, which relates to the ways in which the consumer translates what they are viewing.

context of South Africa²⁷. When I posed questions that referred to a generalized Africa, I was asked whether I was referring to “South Africa” or the “rest of Africa”²⁸. It became clear that like Shay, respondents considered South Africa and particularly Cape Town “disconnected from the rest of Africa”; some called it the “Europe of Africa,” whereas all other parts of “Africa” were discussed as “real Africa.” Two quotes from initial interviews reinforce this:

I knew that South Africa, Cape Town specifically, was regarded as the Europe of Africa (May)

I knew Cape Town was going to be fairly westernized, but I figured it would still be like I was in Africa, but sometimes I forget I’m in Africa when I’m here in Cape Town (Tara).

For my respondents, South Africa is distinctly “different” from the “rest” of Africa²⁹. The “rest”, for the most part, was understood and treated as one, and at times, in conversation, “Africa” was referred to as a “country”³⁰, but distinct from “Cape Town.” It is clear that the concept of Africa is still imbued with a sense of the general³¹. Other “images” and “widespread, pre-existing ideas about Africa” emerge from media representations that minimize the diversity of the continent, and rely on racist notions historically associated with Africa (Kitzinger and Miller, 1992: 29; Sontag, 1990). Therese highlighted the lack of staffing by US media organizations covering Africa, blaming “the media” for the negative image of Africa that makes Africa “scary” for “most Americans.” Although she attributes the negative reporting to a lack of staffing on the continent, it remains clear that Western media portrayals produce (and reproduce) a ‘knowledge’ of Africa through distinctly negative images (civil warring, extreme poverty, chaos wrought by disease and lack of development), resulting in respondents’ pre-trip fears and expectations.

²⁷ And, their understanding of South African within the context of Africa.

²⁸ Jen noted that when discussing “Africa” with South Africans she found it “interesting how with South Africans, anything outside of South Africa is considered Africa.”

²⁹ According to Kitzinger and Miller (1992), the “distinctive treatment” of South Africa in television news is “not about territorial boundaries but . . . based on the difference between black and white” (33).

³⁰ A number of academics have picked up on the tendency to understand “Africa” generally, as one undifferentiated mass. Aside from those discussed in the body of this paper, Keim, 1999; Walker and Rasamimanana, 1993; Adjaye, 1979 have all highlighted this point as well.

³¹ This “ignoring” of the differentiation of Africa by the media is critical, accomplishing much “political and social violence” and adding to a conceptual distancing (and body-bounding) of “first-world” respondents when thinking about Africa, AIDS, and, the “third-world,” particularly with regard to understanding “the specific characteristics of AIDS epidemics in different African countries” (Patton, 1990: 25; Kitzinger and Miller, 1992: 33).

Expectations and Fears

I asked respondents to discuss their pre-arrival expectations of "Africa." Many acknowledged actively attempting to formulate no expectations because they knew very little about their destination:

I didn't have many expectations. This is the first time I have left the country. I was expecting that two tier city that everyone talks about. I thought I would just see that unequal distribution of wealth. That was really all I was envisioning, not in a super negative way . . . maybe because this is the first time I have gone internationally it was hard for me to have expectations . . . *My only frame of reference was the United States and I knew it wasn't going to be like that . . .* (Mary – emphasis added)

I actually didn't have very many expectations. When I travel I like to assess things once I get to a place and make my own judgments. However I had expectations of UCT being a racially mixed campus (which is a nice change from the US), but I also had expectations of there still being a divide between different racial groups despite the end of Apartheid (May).

I did not know what to expect. I assumed it would be diverse. I thought there would be a lot of differences to the US, which there are, but I also didn't expect it to be so similar (Shay).

. . . before leaving I was trying to tell myself, Robin, don't have any expectations because you really don't know what to expect. *I had no idea that things would be so developed* (Robin – emphasis added).

Some students acknowledged that their expectations came from the books they read, the movies and television programs they had seen or history they had learned with regard to South Africa:

I didn't know what to expect, but I knew it couldn't all be violence and disease as media often portrays. I knew what to expect from townships – had seen pictures and read books - poverty stricken, shacks, etc (Tara).

Tara's comment acknowledges that she was aware of the pejorative nature of media representations and the "making up" of people, but she contradicts herself when stating that she "knew" what to expect from townships by seeing "pictures" and reading "books." This contradiction exhibits the tension between the "knowledge" students acquire in form and shape as a result of media "images" and the experience of "seeing" without contextualization.

As my research was a temporal process, it became clear that respondents' perceptions of South Africa changed. Although initially students did not want to acknowledge expectations, these became evident as their prior "knowledge" was undermined by actual lived experiences.

I had no idea that things would be so developed. I don't think that I necessarily thought that everything would be like rocking in the middle of the bush, but I had no idea the amount of resources and access . . . [with] the Peace Corp. you're going to rough it, have no electricity . . . and I ended up in this town that was not that far of a cry [from] a small town in the US. I went to an office every day, sat in front of a computer. That was huge for me, especially

because people at home were asking, are you seeing the animals? Elephants walking down [the] street? (Robin)

Other respondents, interested in or majoring in city planning, development or economics, were “surprised” to have found the city so well developed. Jen was “expecting a little less development and therefore when driving from the airport [was] both surprised and disappointed.” Jen’s “disappointment” shows that although a number of students did not want to discuss initial preconceptions, some did in fact have preconceived images in their minds:

I had no idea other than it had a beautiful landscape. I came to learn. I was not aware of the violence and I was not scared. I was aware of the AIDS crisis. I have yet to study the technical apparatus/architecture of apartheid, but am and was generally aware of the effects. I was not aware of the desperate conditions in which real Africans live here in the face of excessive wealth (Carla).

Although in earlier discussions Carla claimed to have no expectations of “Africa,” she notes here that she was aware of Apartheid and AIDS as issues that would be reckoned with in her travels. Thus both AIDS and Apartheid are two factors commonly discussed in America and associated with South Africa. Even more telling is Carla’s following sentence which acknowledges that she was not aware of the social and economic situation - uneven distribution of wealth/resources³² - in South Africa.

Those students who expressed expectations highlight how media and education created a reified perspective of Africa:

I expected a racially and economically diverse country which enjoyed a higher standard of living than the rest of sub-Saharan Africa but still had many social and political issues to deal with (Paul).

I knew that racial issues would definitely be an issue here and that HIV/AIDS would be a major area of concern (Ann).

I was expecting a very racially segregated culture plagued by problems dating back to Apartheid (Sally).

I think I expected chaos when I arrived, and everything was almost scarily in order. . .our plane was on time . . . our hotel was nice. . . I knew it was going to be somewhat of a city, I just didn’t realize how big it was going to be or I thought the townships were going to be much closer to the city (Jen).

expectations that there would be a lot more black people . . . fears, I guess the issue of HIV/AIDS, even though you are aware of it, and an intelligent person, it is still a lot more

³² This statement problematizes the “knowledge” regarding Africa as it has been gleaned from “visual” representations which do not contextualize individuals’ lives in “Africa” as they relate to the greater power structures that influence their lives (Kitzinger and Miller, 1992). This leads to a dialectical understanding of Africans fostering an “us/them” relationship that evolves out of the tendency to “other”.

pressing to you because the rate³³, but at the same time we don't know the rate at home, and it could be higher (Nicole).

I sort of imagined seeing A LOT of people with AIDS. I have met some here and in Cameroon, but the huge statistics I was hearing about? (Shay, personal journal)

Even more powerful for understanding expectations are the pre-arrival fears students developed, as many associated the "experiences" they "saw" on TV (high rape incidences, other sexual crimes, and violence related to Africa in international media reporting) with everyday life "in Africa"; "invoking once more the doomsday theme that overwhelmingly dominates US AIDS coverage in developing countries . . . " (Trieckler, 1991:87).

The invocation of a "doomsday theme" is clearly expressed in the fear of rape that the following respondents discussed:

Shay: coming here I think my main fear of AIDS was sexual assault

Therese: And here there is this possibility of being attacked or raped

Ann: The other thing here is my fear of rape.

Amber: What makes you have that fear?

Ann: Well statistics, and well Cape Town is Rape Town, and the boy that I'm starting to date, his last girlfriend was raped. Also like being a white woman, historically it's so built up *and here not only would you be raped, but the chances are the person raping you will have AIDS*. I mean that's a daily fear, any time I'm walking alone. Like in cabs, I was just in a cab with these two guys, first they were speaking English and then Zulu and I realized these guys could be taking me anywhere. The first thing that came into my head was AIDS . . . but that's the whole history of things (emphasis added).

The concept of "Rape Town" as expressed by Ann was discussed more than once by numerous respondents; clearly, rape is often associated with Cape Town³⁴. Other fears relating to violence were also reported. Ann reported that the high rates of violence increased her fear of AIDS, as blood contamination was something that she reported not worrying about at home, but was very aware of in South Africa:

Even the daily fear of buses, trains, public transportation, or a car accident, or a huge stabbing incident. It's portrayed here as very violent, so in a typical scenario I would be afraid of getting blood on me for contracting it . . .

Media representations of "Africa" and "South Africa" arouse expectations and fears in respondents, which they did not have at "home." This furthers the distance between

³³ Students continually reported to me that their awareness of HIV/AIDS was heightened by statistics that make it clear that HIV/AIDS is a significantly more salient problem in South Africa than in their own home contexts. This often led to discussions of statistics, especially when in focus groups, where some students were very aware of the complications of statistic taking in the South African context (i.e., neo-natal clinics as the site for gleaning results) although other students were taken by surprise at the discussion of the "problematics" of statistics.

³⁴ Although, one in four women in New York City finds herself victim of sexual assault or rape (Barnard Health Survey, 2004).

“us” and “them” and creates a different experience of “embodiment” for those first-world bodies in the “African” setting, faced with new concerns and fears for their bodies. These increased fears mediated the interactions students expected to have, for example, their expectations of having sex while in South Africa – discussed in Chapter Four.

Conclusion

The influence of all types of media and the “cultural work they do in given contexts” (television news to animated movies), to produce and sustain “particular versions of truth” are made evident by respondents’ narratives (Treichler, 1989:48; Kitzinger and Miller, 1992:28). US media, paired with school education, leads to the tendency amongst respondents to arrive in Cape Town with specific expectations and fears. Perceptions of “Africa” are decontextualized due to a focus on suffering and disaster, which neglects various mediating factors, including structural inequalities. This unbalanced vision of and reporting on “Africa” lead it to be seen as the “dark continent.” Where students had researched, and thought beyond the repeated visual portrayals (war, starvation, etc.) of “Africa,” they discuss an awareness of “something different,” but without lived experience and first-hand knowledge, they realize how little they know. Their “fears” and “expectations,” reveal that students’ visual images align with those produced by the media creating such phrases amongst respondents as “Rape Town.” This making-up of a particular version of “Africa” and “Africans” leaves American foreign exchange students with fears and concerns that initially mediate their interactions with their South African peers, creating a distance between the imagined “first” and “third-world” bodies.

2. The US and Them

Immunity

HIV just so isn't prevalent in the US and people just don't talk about it. I think more of a concern is getting pregnant there or any other STD aside from HIV. I feel like HIV is always portrayed as a distant problem, over there in Africa where the HIV pandemic is happening (Tara, initial interview).

Tara's interest in my research stemmed from her work as a peer sex-educator at her "home" university³⁵. Tara discussed the projects her group organized to make issues surrounding sexual education on her campus "more open"³⁶. The above quote explains the difficulty she encountered in reaching her peers regarding HIV/AIDS.

In Tara's experience as a sex-educator the most common consideration of HIV/AIDS is as a distant issue, not seen by her peers as pertinent. This was reiterated by respondents:

I always felt like HIV was presented as not an American issue. It was somebody else's issue. With Americans it was more of how much should we be helping with that issue? I think the first thing was that it was not American (Robin).

I come from white America and so do you, so you assume that it happens to others . . . I think the notion of immunity is what is most popular (Jen).

I go to Manhattan college and its very homogenous, and its very upper middle class. This might be a stereotype, but I feel like it doesn't affect that demographic as much. I don't know if that's right or wrong, but I think that's why I wouldn't think about it, cuz I think of us all as kind of not really as affected by it (Mary).

The perception is that HIV/AIDS is not something that concerns upper-to-middle-class, (generally) white, heterosexual, university-aged students at their "home" institutions³⁷, associating the risk of contraction with socio-economic class, locale or

³⁵ She explained that her interest in this peer education evolved out of her own need to "learn more" and the "group of friends" she spent time with at University.

³⁶ These projects ranged from workshops that discussed safe sex, to carnival-like games such as "ring the dildo."

³⁷ Although students actively invoke the rhetoric of understanding HIV/AIDS as a distant problem, some students understood this to be a misconception:

"I think the difference is that I am aware that it could happen to me, versus thinking that I am immune in some way, shape or form (Jen)."

"You have to be careful, its not like I would totally kind of totally throw three beats to the wind and be like oh it doesn't matter (Mary)."

"I think originally it was more like "their problem" very distant from the US, or most people would think at least that it's poor black communities, that are uneducated about it, that they don't know how to protect themselves, um a taboo around talking about it, but I think that more and more people are realizing it is more prevalent in the US than they realize and that it's not just gay and African populations and it might be anyone and not know it, and it's definitely changing (Sally)."

sexual preference (and racial identity³⁸) in the US. The following quotes highlight respondents' greater concern with the possibility of getting pregnant or contracting other STDs, than of contracting HIV:

... for the most part most Americans, saw it as, well especially me growing up in suburbia and going to a privileged university ... something not having anything to do with them. ... even my friends having sex never thought about it as an issue of contracting HIV, but as an issue of am I gonna get pregnant? (Robin)

... obviously [my friends] know there still could be infiltrations, but I feel like they are more worried about teen pregnancies or other STDs (Ann).

The creation of expectations of who HIV/AIDS affects (i.e., "risk groups") is salient: the "making-up" of "African" or "other" peoples becomes key to how respondents understand themselves in relation to HIV/AIDS. Attention is diverted from the possibility of oneself being affected (or infected) by focusing on the high infection rates of "others" and how to help those "others." Membership in a particular group – race, class, gender, sexuality – seemingly affects susceptibility to contraction in respondents' perceptions, but how do these perceptions develop?

One central research question was how American respondents were able to distance themselves from HIV/AIDS with such ease. Respondents discussed a bounded understanding of culture separating "Americans" from "Africans" - a conceptual distancing from the "other" according to identity alignment. Concepts of "cultures" - particularly an "American culture" - allowed students to see themselves joined through shared nationality, furthering the distance between "us" and "them" when discussing their South African peers. "Othering" becomes a way for respondents to distance themselves from HIV/AIDS and US media is central to constructing conceptions of HIV/AIDS as distant and rooted in "others." Conceptions only disperse once students spend time in South Africa with the imagined "diseased others."

³⁸ HIV/AIDS in the US, portrayed through a lens that centers discourse around "otherness," will of course relate to "race," as some respondents, such as Nicole, routinely highlighted. For the purposes and scope of this paper, I have chosen not to deal with the issue of race, although it is an important and relevant area of inquiry.

American Identity: a “Culture” and distancing tool

The culture in the US is very much an individualized culture. People think about themselves, where they are going to go and what they are going to do. If HIV comes into their lives then it gets thought of, but if it doesn't, then they won't necessarily unless you go out and seek it. I think that Americans don't think in a kind of collective manner, we are not thinking about groups, or being part of those groups. Instead, we are separating ourselves from those groups and making it about the individual, so that is part of the reason that people ignore it (May).

When people view themselves as embodying multiple, layered identitiesⁱ and these “parallel” identities overlap, identity alignment occurs according to the necessity of a situation (Macrae, Bodenhausen & Milne, 1995). If multiple identities involve alignment with ‘ethnic’ sensibilities, nations of origin or residence, they compete; so much so, that individuals may position different identities above another according to the social moment (Tajfel, 1982; Tajfel & Turner, 1979, '86; Turner 1982; Turner, Oakes, Haslam & McGarty, 1994; Macrae, Bodenhausen & Milne, 1995). This is key to understanding how my respondents initially imagined themselves in South Africa.

When May spoke about culture she juxtaposed the “culture” of American individualism with “cultures” where group orientations are salient, aligning herself at that moment with Americans. Later, she discussed how her “50% Hispanic” heritage influenced how she saw herself amongst “white” Americans at home. In South Africa, “I am immediately grouped as a white person and I am, but I'm not, so it's really hard, and that's something I still try to figure out in the US.”

Although my respondents come from different parts of the US and differ by (self-identified) social class, religion, etc., when asked to define themselves within the South African framework they initially all positioned themselves as Americans first and foremost. Discussing how they understood culture, it became clear, that “American-ness” in relation to “South African-ness” was understood as a “cultural”ⁱⁱ identity³⁹.

When comparing their experience in Cape Town to their life in the US respondents used the word “culture” to discuss both their “American” upbringing and their family's “customs” – usually closely associated with specific “ethnic” alignment, or religion. Respondents invoked “culture” with reference to particular practices amongst self-aligned groups, to describe national differences (i.e., between

³⁹ The meaning of this statement is as complex as the concept of culture is highly contested. For a brief discussion of the culture concept as conceived of in contemporary anthropology please refer to the endnotes.

“Americans” and “Africans”), to differentiate from various ‘others’⁴⁰, and to bond together as Americans. Respondents used nationality, tied to cultures to explain peoples’ behaviours:

Ann: . . . even with the Argentine guy culture, because they are very machismo. . . it’s a culture thing, and I feel like there is no way that you can culturally change male dominance.

Jen: (referring to sex) even when I talk to South Africans it has never been part of the conversation. I feel this culture is a lot more reserved . .

May connects her understanding of culture to school: “you hear about the slave trade and then you read about African culture in that context . . .” (initial interviews).

Students used “culture” to explain the differences between people when comparing their experiences in South Africa with those at home. Ann discussed the South African she had started dating shortly after arriving in Cape Town, by making a nationalistic (arguably “ethnic”) distinction in her partner’s approach to talking about sex: “. . . he’s very open about it, more British, not as closed as the strict Afrikaans thing . . .”

From Ammelie’s experiences as a volunteer⁴¹, she explained how culture, as well as language could be a barrier to HIV/AIDS education:

. . . definitely a lot of the problems that were raised in the AIDS literature I saw in practice . . . language was a huge barrier. Not being very aware of the culture or the history, that’s a huge problem.

Mary also saw “culture” as a barrier to curbing HIV/AIDS prevalence.

Mary: . . . at home we have certain stigmas, but the taboos and stigmas here are rooted in different things, like tradition, culture. The myths here are different. I don’t think anyone at home would say have sex with a virgin and you will be cured, but people here do believe that. Or shower and you won’t have AIDS, I don’t think people at home would go for that.

Mary attributed the continuing myths that spawn mis-information regarding HIV/AIDS, to the difference in tradition and “culture.”

As globalization has increased, nationality (from lines drawn on maps), has given way to what Benedict Andersen (1996) termed “portable nationality,” which is “read under the sign of ‘identity,’ [and] is on the rapid rise as people everywhere are on the move” (9). Thus, individuals, carrying their portable, national identity with

⁴⁰ The differences in “culture” that students initially pick up on amongst South Africans became a point of interest for students. Initially believing that “Afrikaners” were different from the “British” South Africans, a number of students perceived there to be a difference between the ways in which British South Africans discuss sex from the “more conservative” Afrikaners. This distinction later fell away.

⁴¹ Ammelie has worked as a volunteer both in Malawi and in Philadelphia, USA. Both positions dealt with HIV/AIDS; in Malawi, educating rural populations about HIV/AIDS and condom use, and in Philadelphia, as a “buddy” for a person living with HIV/AIDS.

them into international space, face challenges to that “bounded” notion of self, tied stringently to nation-hood/culture⁴². For my respondents, nation-hood tied to identity is seemingly connected to a particular understanding of culture⁴³, highlighted by their use of the term in daily conversation. Belonging to the US has come to mean belonging to a particular “culture⁴⁴” where culture becomes a tool for differentiation and social navigation.

Death of a Nation - the Othering of Disease

For respondents, the difference between “culture in the US” and the “cultures⁴⁵” of South Africa, led to fears of “being out of place” and anxiety of fitting in, which were waylaid by their close proximity to American peers⁴⁶.

Robin: . . . expecting that things would be so difficult that it would be hard for me to find the place that I relate because things were so different. . . .that that was probably my biggest fear .

As my respondents found themselves half-way across the world, the number of references to “differences” between “Americans” and “Africans” became symbolic: nation-ness as identity became a maker of difference⁴⁷.

My respondents’ use of “American culture” as a dividing identity affiliation should be understood through the construction of “American nationhood.” Herder’s “nation,” is imagined as an “individual,” “as historical actors” with “lineages (usually

⁴² Individual alignment and agency in the decision making process with regard to self identity is new. Until recently, “cultural identity” much like race, and ethnicity were categorizations that were imposed but today individual agency is often involved in decisions to align oneself. While there is no clear, single decided-upon definition of what culture is or does, what is clear is that the concept, over the last two centuries has undergone revamping, rewriting, re-centering and some attempts at de-centering.

⁴³ As well as notions of what it means to be “from the first world.” Students highlighted that one fear they had in coming to South Africa would be the adjustment to “not having certain things” as a result of South Africa’s third world status. In unpacking what they thought would be lacking, conceptions of the imaginary Africa discussed in the previous chapter once again became salient.

⁴⁴ David Chidester discusses this as “civil religion.”

⁴⁵ Although respondents spoke of an African culture, they also referred to the many “cultures” of South Africa, acknowledging initially a great distinction between Afrikaaners and “white” people of British descent – these distinctions fell away over time, but were prevalent in initial discussions.

⁴⁶ This close proximity, and movement amongst mostly Americans (in living spaces, service learning projects, and weekend activities) was both a positive and negative aspect according to the various students’ wants and needs.

⁴⁷ So that “the use of nation as a symbol” requires “close inspection of the social tensions and struggles within which it has become a significant idiom;” nationality, as “a form of currency” is being “used to trade on issues that may not be about the nation at all” (Verdery, 1996: 230). Respondents’ conceptions, with regard to “Africa,” emanating from the U.S revolve around difference as imagined through culture and nation-ness (bounded by citizenship, and understanding dealt out as a result of the particular shared histories and power differentials) and are not necessarily about the “difference” they see in these “cultures,” but about identity/nation-ness affiliations as they are tied, in this context, to conceptions around disease.

patrilineages),” and “life cycles” including “birth, periods of blossoming and decay, and *fears of death*” (Verdery, 1996:229 emphasis added). Resulting from this “fear of death,” the US describes disease using rhetoric that places blame and situates the origin⁴⁸ of disease outside of the boundaries of their nation – thus the “othering” of dis-ease (Douglas, 1992; Sontag, 1990). “Fear of death” results in a rallying of an “American community⁴⁹,” where recent US policy towards foreigners shows heightened patriotic rhetoric, a greater dichotomy between us and them, and “implications for how the third-world is portrayed” (Lutz and Collins, 1993:10). Trans-national travel brings imagined differences into focus.

The “Otherness” of HIV/AIDS

I just thought about it as something people were dying from somewhere else (Amelie).

... it's not something that people think about in terms of it being an issue in America . . . (Nicole)

Throughout history, diseases take on a social character that often results in a search to place blame – looking beyond oneself for sources of struggle, “pollution” or “matter out of place” and furthering the dichotomy of “me vs. other” (Berger & Luckman, 1967; Chen, Chen & Shaw, 2004; Briggs, 1996; Sontag, 1990; Douglas, 1992; Goldstein, 2004; Rodlach, 2006). Substantiating theories of “othering” or laying

⁴⁸ According to Susan Sontag, the racism that led to speculation regarding the geographical origin of the disease focuses discourse around a “familiar set of stereotypes about animality, sexual license and blacks” (1990: 105, 135-150). While most of my respondents were aware of the origin theories that speculated HIV/AIDS emanated from Africa, some expressed disbelief in this theory, while others looked to me (or posed the question openly to peers in focus groups) for a response on whether there was “truth” in this theory. Where Sontag sees the origin debate surrounding HIV/AIDS imbued with “a familiar set of stereotypes” that fall back on racist notions, others have pointed out that the overall portrayal of the “third-world” and particularly “Africa” in both U.S. popular culture and mass media rely on a set of notions and stereotypes that not only patronize, but objectify the “non-Western” other, highlighting difference, and setting boundaries that link national identity to “ill” and “well” bodies (Lutz and Collins, 1993:3; Hagos, 2000; Rigby 1996; Irwin, Millen and Fallows, 2003; Patton, 1990; Kitzinger and Miller, 1992).

⁴⁹ Extending the metaphors of Herder’s nation, Verdery explores a nation with territories “bounded like human bodies” (1996:229). Nations, like individuals, have “identities . . . based in so-called national characters . . . bounded like human bodies,” imbued with a sense that they are representations of “collective individuals” which binds respondents studying abroad together by their sense of what they describe as a “shared culture” (Verdery, 1996:229). These identities manifest in two ways; the first is the individual’s identity as it relates to nation and the second identity is that of “the collective whole in relation to an other of this kind” (Verdery, 1996:229). Relating to this, Foucault’s microphysics of power refers to the situation where the nation creates loyal modern subjects with invisible practices (1979). Borneman highlights how state policies regulating the “relatively mundane rituals of courtship and family-making . . . to the relatively rare and spectacular” create a sense of “nationness” (opposed to his definition of nationalism which is understood in this context as the “conscious sentiments that take the nation as an object of devotion”) that comes down to “daily interactions and practices that produce an inherent and often unarticulated feeling of belonging, of being at home” (Borneman, 1998:339; Verdery, 1996:229). So that an individual’s concepts of who and what they are, as they relate to nation-ness, are produced by that nation’s policies and regulations.

blame, Mary Douglas (1992:120) and Susan Sontag (1990:105,152) point out that disease is something “foreigners” “are prone to,” highlighting the tendency to place blame on the outside “enemy.” In *The Foreignness of Germs*, Markel and Stern highlight persistent association of immigrants or foreigners with disease⁵⁰, which in the US has “helped generate and underscore stereotypes” connecting “foreign germs and genes to fears of societal disruption and the mongrelisation of the American race” (2002: 765, 766). During the 1950s, US congressional records acknowledged that boundary making with regard to citizenry was key to the preservation of the American “way of life”: “sound immigration and naturalization system[s]” became “essential to the preservation of our way of life⁵¹,” exhibiting a deep-rooted fear of “pollution” of the “fabric” of US society through infection from immigrants⁵² (Congressional Record, May 13, 1952, 5089 in Markel and Stern, 2002:773).

The US clearly perceives itself as threatened by outside forces, amplified by the “first attack on our soil” (i.e., September 11, 2001). The divide between “us” and “them,” for the purposes of governmental control, was/is necessary to maintain the “fabric” of America. Debates of this 1950s nature have re-emerged with “a resurgence of nativism . . . sparked by the advent of AIDS⁵³” (Nelkin and Michaels 1998; Perea 1997; Markel and Stern, 2002: 775), explained by Douglas as the “debate⁵⁴” that the “community generates” about “the body’s vulnerability, and . . . sources of infection” (1992:103). In the case of the US, respondents’ asserted connectedness to their “American Culture” allows for a conceptual distancing from

⁵⁰ Paula Treichler’s (1988) discussion of the “social constructionism” of HIV/AIDS highlights the fact that “even scientific characterizations of the reality of AIDS are always partly founded upon prior and deeply entrenched cultural narratives” so that cultural (and national) narratives relating to histories of fear, blame, racism etc. manifest in the construction of HIV/AIDS (Berridge, 1992:18 quoting Treichler).

⁵¹ My father’s parents, both well educated and travelled, taught him that Americans have a much higher regard for the value of life - an outgrowth of their experiences as youth during World War II, and a reflection of the paranoia experienced in America during the 1950’s about anything ‘truly different’ to “us” (pers comm., Dr.R.W. Abrams, CEP).

⁵² Since those systems are “the conduit through which a stream of humanity flows into the fabric of our society” when that “stream is healthy, the impact on our society is salutary; but if that stream is polluted our institutions and our way of life becomes infected” (Congressional Record, May 13, 1952, 5089 in Markel and Stern, 2002:773).

⁵³ Which according to Markel and Stern is “tied to worries about the browning of America . . . drawn from decades-old stereotypes of outsiders as either acutely or chronically ill” (Nelkin and Michaels 1998; Perea 1997; Markel and Stern, 2002: 775).

⁵⁴ This debate can emerge as national policy in immigration legislation and is often tied to discourse surrounding national security; “the themes of diseased immigrants, inferior races, and other biological explanations did insinuate themselves into the rationales behind ongoing immigrations restriction. This was illustrated by both popular representations of disease and public health in American film and the hallmark piece of immigration legislation of this period, the Walter-McCarran Act” (Markel and Stern, 2002: 771).

the US to homosexuality (e.g., RENT) - are central to how the US public understands HIV/AIDS. Thus popular media sources are responsible for many constructions of HIV/AIDS - how we understand and speak about the issues pertaining to it⁵⁸ (Nelkin, 1991: 303).

As a result of popular media portrayals, the US public has been found to alternately overestimate their likelihood of contraction of the HI-virus, due to sensationalized and extensive media coverage which makes AIDS seem “more ‘risky’ than common hazards that are less threatening,” or imagine themselves unaffected due to rhetoric that invokes “risk-groups” which allows for a conceptual distancing or “othering” (Prohaska et al. 1990: 386; Craddock, 2000; Goldstein, 1991; Cleary et al, 1986; Heimer 1988; Lichenstein, Slovic, Fischloff, Layman and Combs 1978; Stallings 1990; Short 1984; Mazur 1987). The tendency to alternate between over-estimation and distancing is exactly what occurred with respondents travelling to South Africa.

Respondents spoke about their ability in the US to distance themselves from HIV/AIDS - they did not think about it on a “regular” basis, even when having unprotected sex. In contrast, when asked about the time in Cape Town, they all admitted to “thinking or dealing with issues” surrounding HIV/AIDS on, if not a daily basis, at least weekly, and experiencing a slightly heightened concern for their own risk⁵⁹. Popular media portrayals and education have constructed particular “versions of truth” regarding HIV/AIDS knowledge. The following chapter will exhibit how these “versions of truth” lead to an easy association of HIV/AIDS with Africa, but first, respondents explain how they understand HIV/AIDS.

American AIDS

I asked respondents to discuss how media portrayals, often sources of initial contact, affected their understanding of HIV/AIDS. This initial contact often essentialized the issues surrounding positive status:

I felt like the way it was portrayed in the media it was like sores on your skin, and you look sickly and weak. I didn't really have any sense of what it meant (Amelie).

Respondents commented on the influence of celebrities as spokespersons for HIV/AIDS campaigns, stating that “when it's the celebrities involved in it, or when

⁵⁸ Similar to the media's responsibility for respondents' understanding of Africa.

⁵⁹ This manifests in respondents' fears and concerns discussed in the previous chapter, and will be discussed in relation to engaging in sexual activity chapter four.

it's portrayed in the media, that's when it's very influential on me" (Carla).

Explaining this further, Carla says:

... media, as far as news, is not how I formulate my opinion. Special programs and music is how I get my information. I used to watch VH1 a lot and was really interested in music history, so I know that EZ-E died of AIDS, I know that Queen did too. And television programs, and Bono⁶⁰ of course, I think he helps formulate everyone's opinion of AIDS.

Campaigns using celebrities or documentaries showing celebrities with HIV/AIDS tend to distance respondents from the disease, as celebrities are regarded as "other."

Another mode of constructing difference/distance from HIV/AIDS while in the US is through the divergent epidemiological portrayals of HIV/AIDS in the US and Africa reified by popular media. Respondents explain that HIV/AIDS in the US is portrayed as a gay disease, making "it this whole deviant behaviour kind of thing" (May) and reinforcing HIV/AIDS as a disease of "others," even amongst those within the US who have contracted the virus:

... we did learn about AIDS, sort of as a gay man's disease. They may have never outwardly said it, but no one tried to fix that stereotype ... I think that was a very Americanized view of HIV/AIDS (Therese).

Ammelie explains how popular media portrayals of HIV/AIDS in the Hollywood movie Philadelphia added to her misconceptions:

I had seen Philadelphia ... I was young when that came out and my parents were a little conservative. I remember them talking about it like that's something you sort of deserve, or what you get for risky behaviours and homosexuality. It was always sort of a taboo topic, so I always thought of people having AIDS, as YOU ARE GOING TO DIE, or like it's a death sentence, or you must have been doing something that was irresponsible behaviour (Ammelie, her emphasis).⁶¹

⁶⁰During and after the period of my research, I corresponded with American students in the U.S., asking them to keep me informed on what they were hearing about HIV/AIDS in the media and at their universities. In order to keep up with the "American media portrayal" of HIV/AIDS, I read a number of US newspapers, magazines and online news feeds daily. In Time magazine, I found support for the statement that "everyone's" opinion of AIDS is affected by Bono – although a painfully broad generalization, Bono's opinion on HIV/AIDS seemingly matters greatly to the American public. Please refer to appendix B for the Time magazine letters to the editor regarding Bono's involvement in HIV/AIDS campaigns.

⁶¹ It becomes clear that the perceptions of students' parents and peers are powerful in colouring students perspectives with regard to HIV/AIDS. Due to the limited nature of this thesis, I was unable to explore this aspect, although a large amount of data on parental and peer perspectives has been collected – please refer to appendix B for an example of the types of questions respondents were asked by their peers.

The divergent epidemiologies of HIV/AIDS in the U.S. and Africa result in conceptualizations of different “risk groups” between the U.S. and Africa⁶², although as Nicole notes, the easy association with HIV/AIDS to gay populations in the US is changing, only to be replaced by different “others”:

If it is ever talked about, well we are moving away from the gay disease. I don't think that has to do with people's beliefs. I think that has to do with the gay population's economic power in society - they have more input in what is presented in the media. I don't think that has to do with people having less ignorance surrounding who it comes from. I think it's racialized. . . they always talk about it in terms of communities of color⁶³, and they won't talk about it in terms of white communities . . .(Nicole)

Like portrayals of Africa, the portrayal of AIDS decontextualized leaves respondents with perceptions of Africa and Africans that only begin to change once contact with these imagined others is made.

Cindy Patton's discussion of how the epidemiological portrayal of “African AIDS” is “altogether different⁶⁴” from that of the U.S., “with different modes of transmission having to do with dramatic differences in Western and African sexual practices” is another theme that arose in discussion with respondents (1990:89):

. . . [South Africans] do portray it differently. I feel like they really work towards eliminating stigmas . . . I guess the risk group in the United States is African American women living in urban areas. People still do associate it with homosexuality and that's not really correct. That was a huge problem when it began, but now I feel like it's shifting and no one really recognizes that shift in the mainstream media. (Mary)

Respondents connected these epidemiological differences to their concepts of culture, reporting imagined differences in sexual practices as one “cultural difference.” Nicole discussed an imagined difference between the ways in which “Africans and Americans” have sex:

It's interesting to talk about different sexual taboos and mores between Americans and Africans because I haven't really enjoyed sex here. There are things that I think we just figure are normal when we have sex. Like I was talking to a friend of mine and we were having a

⁶² Not only do the divergent popular portrayals of risk groups – in the US homosexuals, injection drug users, and in Africa, heterosexuals - lead to confusion amongst respondents, but they have allowed for assumptions of difference in distancing themselves from the possibility of contraction. This may answer the question of why the prospect of going to “Africa,” where the disease is “heterosexual,” would garner more concern than living in the U.S. and practicing unsafe sex.

⁶³ Nicole's comments regarding “colour” highlight the dimension of “race” which is central to conceptions of HIV/AIDS and otherness, but contain enough information, debate and discussion to write an entire thesis on the topic alone. For the purposes of this thesis, the socially constructed “race” groups, although salient to the ways in which notions of who HIV/AIDS affects (and its connection to Africa), will not be dealt with, as the word limit of this thesis necessitates a limit of the topics dealt with.

⁶⁴ According to Patton, the attempt “to locate gender differentials between the U.S. and Africa in the bodies of self-reported heterosexual Africans, rather than in the social processes which create the economy of sexualities, once again distorts both the demographics and sociology of HIV in Africa” (Patton, 1990:94).

conversation and he was like "WOW!" For us oral sex is just kinda like an automatic part of foreplay and he was like, "No way men don't put their mouths down there, that's like dogs licking each other" . . . I see the whole male dominance in culture here directly affecting the way people relate.

Nicole explains that "culture" has been a contributor to the way she has experienced sex in South Africa. She claims that African men expect women to be less "free" than she is used to, and thus, uses culture as a divisive means of categorization.

Although respondents acknowledged that HIV/AIDS in the U.S. is not just a concern of homosexuals, they find distancing themselves from HIV/AIDS easy in the context of the US, as a result of the continued portrayal of HIV/AIDS as a disease of "others".

UCT has a lot of posters and stuff, but so does Brown. I think that the reason Brown has so much is because we have a large gay population on campus, more than most universities. [At Brown] it has to do with the homosexual aspect of it, whereas here it could be homosexual activity or heterosexual. I also think that plays into the whole immunity thing, you assume that you are heterosexual, those who are homosexual are more apt to have it or spread it, and I think that goes with the whole racism against those who are different. . . There's this underlying perception of that's how it happens. We were talking about earlier, "oh I come from white America and so do you," so you assume that it happens to others (Jen)

Conceiving of HIV/AIDS as a gay disease "has potentially disastrous effects" (Aggleton and Homans, 1988:16), leading to the "stigmatization of the disease itself," and encouraging "those who do not see themselves as gay to believe that they will not get it" (Aggleton and Homans, 1988: 16).

"Matrix of Immunity"

"[S]cientists, policy-makers, and media tycoons have the power" to "thwart prevention" because "a false sense" of HIV as "somewhere else, in the bodies of others" is created, producing "masks of otherness" which discriminate "against people with HIV and AIDS" (Patton, 1990: 96-97). Goldstein suggests that representations of immunity and distancing are reinforced by media portraying contraction as occurring through "risky behaviour" in specific "risk groups" – creating a "matrix of 'immunity'" (1991: 23 – 26). This "matrix of immunity," discussed by almost all my respondents, plays on the "enduring anxieties" of the American public (Goldstein, 1991: 24 – 25). Robin's surprise at being informed of the prevalence rates in New York City, considering her extensive experience working with people living with

HIV/AIDS (PLWHA) in the US, and as a Peace Corp. member in Namibia, is a telling example:

Eric recently sent me an email saying how he had no idea about what an issue HIV [was with] the gay and homosexual population in Manhattan. Eric sent me the statistics and I thought, "Oh my god! How naïve of me!" Even me, working with HIV for two years, I still clearly thought, it's not an American issue! It's still an African issue. Not that I thought people shouldn't be concerned about it or contributing to a cure or whatever, but I still didn't perceive it as something that was of such proportions. When he sent that to me, I was like "Oh my god!" I had no idea.

Robin attributes her own lack of knowledge of HIV/AIDS contraction rates in the U.S. to the representation of HIV/AIDS as a disease of foreigners⁶⁵. Inadequate attention paid to the virus and its effects in the U.S., allow for distancing from the possibility of contraction and lack of knowledge on prevalence following Irwin, Millen and Fallows' argument that many first-world adults see HIV/AIDS in "wealthy countries like the U.S." as "brought under control," no longer posing "a major threat" (2003:1).

Discussing her peers and family's perceptions, Shay, a white, middle-class female, born and raised in Indiana, connects HIV/AIDS to Africa. Shay recounted a quote likening HIV/AIDS to the Holocaust and Africa to Germany during WWII:

I saw a quote that AIDS is our generation's holocaust and Africa is our Germany. That has stuck with me. It's a much longer quote . . . that the US did nothing until the very end, until so many people died, they didn't step in. Not that necessarily it is their place to step in, but we seemed to think it is and we waited. So why not step in at the beginning? Even humanitarian people, like my grandparents. My grandma, she was an adult when the holocaust was happening, and she has no recollection, no opinion on it. *It was happening over there, and I think a lot of kids in America feel that way about AIDS.* That's what it said, are we going to let millions of Africans die like we did the Jews? (emphasis added)

Perceiving "kids in America" sitting back, Shay expresses an urgency that the U.S. must "step in" to save⁶⁶ the people in Africa from another Holocaust. Shay parallels her grandmother's lack of interest in the Holocaust, with her U.S. peers' reaction to AIDS in Africa – distance from and ignorance of the situation due to a sense of it happening "over there." This tendency is endemic to the U.S., according to Chadwick Alger⁶⁷ (1977) because of a combination of the belief in "American uniqueness" and the "belief[s] that two oceans enable the United States to live in isolation" (279). This

⁶⁵ Even Robin's story relates to homosexual populations, adding continuity to this sense of othering.

⁶⁶ This tendency will be discussed in following chapters, as voluntarism or "moral tourism."

⁶⁷ Alger's article entitled "Foreign Policies on US 'Publics'" looks at "perspectives of separateness and detachment" as a result of the United States' location which situates "most citizens" a "great distance from borders of other countries"; this geographical fact paired with the development of "democratic idealism" that "sought to isolate the assumed uniqueness of American society" has helped "shape traditions of public detachment" with regard to foreign issues (1977: 278).

fosters the belief, amongst U.S. citizens, that they are not connected to the “major social and economic processes that link humankind,” especially regarding foreign issues (Alger, 1977: 279).

Mary’s sentiments convey her perception of the lack of reflection by U.S. citizens on their interconnectedness with larger processes that “link humankind” (Alger, 1977):

It’s trendy to buy that, but no one goes the extra mile to say, ok well I bought this ipod, so what does this mean? What do I think about? Am I doing this just because I like the color red? Because the shirt says “inspired”? Or am I doing this because I want things to change? I don’t think that people think things need to change, because everyone keeps saying that in the United States HIV/AIDS can be treated like a chronic illness, because we have the medicine. Yes, medically it can be, but there’s still a lot of people who feel really alienated (Initial interview).

“Foreignness,” and distancing themselves from issues “over there” are hence central to respondents’ (and their peers’) conceptions of HIV/AIDS.

Conclusion

According to Alger, an “understanding by the public of how interdependence affects their daily lives and how their daily lives affect those of people in geographically distant places” is required to make people more aware of Earth’s interconnectedness (Alger, 1977:279). My respondents slowly came to realize, through their own research and time abroad, how we are all interconnected and how Americans are affected by the “epidemic in Africa.”

Upon their arrival, my respondents’ own self-concept reflects how they positioned themselves within the context of an imaginary Africa rife with AIDS, death and chaos: a position of distance due to their own national identity and view of HIV as a disease of “others.” Popular media portrayals generally reinforce concepts of immunity and respondents’ distancing tendencies, but once the imagined Africa is debunked by first-hand experience, respondents were able to discuss the misconceptions apparent in their initial distancing from HIV/AIDS through alignment with an “American,” first-world identity.

3. African AIDS and the Urge to Voluntour

There is a sentiment in America about Africa, that there is no development, that it's a bunch of people who are starving, war torn or suffering in any variety of ways in this wildness. I feel like in America it would make sense to say the problem is Africa where there are all of these problems, all of these social issues, all of these diseases, and this [HIV/AIDS] is another one of those things that makes it kinda the **Danger zone** (Robin, emphasis added).

Medical anthropology has established that people, globally, regard HIV/AIDS an illness of "others" (Farmer, Sontag, Levine and Ross, etc...). U.S. policy, information sources and education tend to look beyond their borders to "solve" the problem (Trieckler, 1991); perceiving it as a problem of citizens of other nations, where "[n]otions of purity and contamination, of blood as a carrier of culture, or of pollution are fundamental to the projects of nation-making" (Verdery, 1996:230).

The tendency of US media to render HIV/AIDS "other," leads respondents to easily associate HIV/AIDS with the African continent. This easy association allows for a conceptual distancing from HIV/AIDS repeatedly emphasized in respondents' discussions, exhibited in two ways; respondents' repeated use of "difference" and their urge to "help" or "save" the people of Africa. "Difference" as a theme helps students draw a line between "us" and "them." Additionally, U.S. media portrayals which highlight difference, are the source respondents name as creator of their urge to "help" and motivation to study in South Africa – i.e., moral tourism prompted by media portrayals of an "Africa in Need" (Kitzinger and Miller, 1992).

In line with anthropological studies of "othering," respondents conceptualized HIV/AIDS as a distant phenomenon, envisioned through a "matrix of immunity" created by education, and popular media portrayals that deflect attention from U.S. infection rates⁶⁸. Boundaries between "us" and "them" become an important mode⁶⁹ through which respondents⁷⁰ frame themselves upon arrival in South Africa. Their process of 'othering' can be analysed by exploring how it is supported by an

⁶⁸ Discussed by Robin in the previous chapter.

⁶⁹ In recent years, the dividing line between "us" (read U.S.) and "them" (anyone not "American") has been forced further on the American public as the U.S. "superpower" status has been challenged. US citizens in recent years have been called to rally around a sense of nationality, built on extreme fear and distrust of those outside of our borders and perpetuated by war hawking and money making politicians (under the guise of maintaining freedom for all).

⁷⁰ Since the majority of respondents were white, heterosexual middle-to-upper-class individuals, their tendencies to "other," and understand HIV/AIDS as something not affecting them do not account for particular groups in the U.S. that are popularly conceptualized as "at risk" for HIV/AIDS. Those individuals who align with the homosexual community tend to be more aware/afraid of the reality of HIV in America, as do other peoples, i.e., those of low economic status, drug users, minority "ethnic" or "race" groups, etc..

imaginary universe of difference highlighted in the imaginings of a particularly “African AIDS.”

As a result of the poor information (in education, and popular media) that respondents received regarding Africa, portrayals in the media have conflated AIDS and Africa. African HIV/AIDS is portrayed as distinctly different from that of the U.S., and South Africa is highlighted regularly⁷¹ through the amount of media attention it receives (Mazur, 1987; Nelkin, 1991). Respondents’ understanding is hence coloured by America’s imaginations of Africa until arrival in Cape Town.

“African AIDS” and U.S. Media

Just as Irwin, et al., describes HIV/AIDS envisioned as “primarily an African problem⁷²,” I found amongst my respondents the linking of Africa to AIDS (2003: 1). Therese explained that before she arrived “it was one of the only things I knew about South Africa, Africa=AIDS. We don’t know anything about Africa except that in South Africa everyone is dying from AIDS” (initial questionnaire). Tara states of HIV/AIDS:

It’s not on TV ever. I mean if its on TV, it is on the news and it’s about HIV in Africa, never about the cases you hear in the States. I am trying to think of – well, do they have campaigns in the States? (#11 – initial interview)

Nearly two months after initial interviews, respondents analysed the conceptual linking of Africa to HIV/AIDS in a focus group:

Therese: When you say Africa I don’t think of AIDS right away, but when you say AIDS, I think of Africa right away . .

Ann: When you say AIDS I think of Africa, but maybe not necessarily the other way around.

Paul: . . . when I think about it, AIDS is not the first thing I associate with Africa, but Africa is probably - (interrupted)

Carla: (interrupting) --- Well, it’s up there

Jen: It’s one of the first things I think about when you say AIDS.

Ann: It’s interesting. I have this National Geographic all about Africa, and there is this ten page thing all about AIDS with sickly bodies and everything, and when I was reading it I was at home

⁷¹ The “CIA World Factbook,” a public document produced by the U.S. government, lists South Africa only fifth on a ranking of prevalence rates worldwide. Although data released by the CIA is not necessarily statistically accurate, the US government does not list South Africa as leading in HIV/AIDS prevalence.

⁷² US media portrayals of AIDS in developing nations are “dominate[d]” by a “doomsday theme,” depicting the African continent as an “undifferentiated mass of disease” and exoticising the practices of the “other” (Trieckler, 1991: 87-89).

and I was mentally preparing myself to see that. You know to see all those pictures and images that we have in our heads about AIDS . . . (Focus Group, Liesbeck Res Hall, April 11, 2007)

Ann's use of National Geographic as a source "all about Africa" illustrates Geographic's power as a "teaching tool"⁷³. Lutz and Collins' analysis of National Geographic found that stereotypes and stock images are maintained in their respondents' internalized production of Africa⁷⁴ (1993). Since National Geographic is a "primary means" through which U.S. citizens access "information and images of the world outside their own borders"⁷⁵ and although Lutz and Collins claim that Geographic's representations of the third-world (specifically Africa) stand in "pointed contrast"⁷⁶ to the familiar images of the "starving African child" most common in popular U.S. media⁷⁷, they acknowledge that Geographic's Africa is

⁷³ The magazine is used by schools as a teaching tool; it is subscribed to by middle-class parents as a way of contributing to the education of their children (Lutz and Collins, 1993: 2).

⁷⁴ In Lutz and Collins' (1993) research, race was a significant factor in whether their sample of American viewers could relate to "third world images" and identify with the individuals pictured. "When inquiring into how American viewers internalized third world images, whether they understood the people they were viewing to be real, and able to identify with, "whose inner life they can imagine and whose outer life makes sense"; the findings show that "people with dark (black) skin were significantly less often described in terms of personality, emotion or typical behaviour" the markers used to identify whether the viewer could in fact internalize the reality of the "other" person they were viewing" (Lutz and Collins, 1993: 256). While the scope of this thesis cannot begin to unravel the complicated racial implications of the portrayal of Africa, it must be noted that a history of racial stereotyping and social evolutionary theory has implications for future generations, exhibited in research like Lutz and Collins' (1993) which shows a decreased inability to internalize or identify with individuals as their skin colour darkens.

⁷⁵ These images, representations and portrayals are not necessarily consistent throughout the long history of National Geographic (Lutz and Collins, 1993:1).

⁷⁶ According to Lutz and Collins, Geographic stands in sharp contrast to other media outlets because it does not depict Africa negatively, a result of policy to portray only "beautiful images" and never publish anything "controversial" (Lutz and Collins, 1993: 27). National Geographic differs from most media representations of non-Westerners in their "repression" of representations of "the violent potential of the savage other" (Lutz and Collins, 1993:99). Unlike Geographic, Lutz and Collins note that a large number of African "images" center around violence (1993:27). Gilman (1985) explains that aggression has been used to represent "regression, a primitive loss of control" (99; Lutz and Collins, 1993:99). So that "violent resistance to empire building" is "treated as a personality trait of natives rather than a situational response to the theft of land or other modes of attack" (Drinnon 1980; Lutz and Collins, 1993:99). Drawing on Drinnon's (1980) and Gilman's (1985) discussions of aggression, Lutz and Collins note that this perceived "lack of control has led to non-Westerners being culturally constructed, like women and mental degenerates, as both physically strong and characterologically weak (cf. Taussig 1987)" (Lutz and Collins, 1993:99). This brings us back to the representation and production of Africa by the West, where similar actions of "Westerners" (The Civil War as one example) are lauded and applauded, while the same thrusts in "Africa" are seen as examples of "primitivity" and "backwardness."

⁷⁷ Because the U.S.'s politics and relationships with different third-world nations has changed over time, Geographic's close association with the Washington D.C. has led to representations slightly different from the rest of media representations of Africa and yet in constant discourse with those alternate representations (Lutz and Collins, 1993: 5).

decontextualized⁷⁸ (Lutz and Collins, 1993:1, 122, 105, 253). National Geographic retains many tropes that devalue and subordinate Africa, reifying concepts by producing images of an Africa devoid of external control or outside influences⁷⁹, in other words, lacking context (Lutz and Collins, 1993: 122).

National Geographic utilizes a number of devices to create images of the “imaginative space” occupied by non-Westerners⁸⁰ – for example, the use of photography⁸¹, attention to ritual⁸² and “science”⁸³. These devices, which replicate “popular understandings of the third world” allow for the appearance of neutrality and give “the comforting feel of ‘commonsense’ realities captured on film” (Lutz and Collins, 1993:30). Popular media images “become mirrors, serving to reflect Americans’ feelings, rather than windows to the complex, dynamic realities of foreign

⁷⁸ According to Lutz and Collins, Geographic positions itself as ‘presenter’ of “‘primitive’ peoples for western perusal” (1993:19).

⁷⁹ Geographic’s production of Africa draws on Motni’s (1987) observation of “the European tradition which saw Africa as ‘a land of overwhelming charm because everything is excessive, incommensurable, prodigious, incomprehensible, and, in short, inhuman.’ (Motni 1987:81).

⁸⁰ Geographic’s portrayals remain, according to Lutz and Collins “not at all about the non-Western world but about its appropriation by the West” (1993:2); “not about how ‘realistic’ Western images” are, “but about the imaginative spaces that non-Western peoples occupy and the tropes and stories that organize their existence in Western minds” (Lutz and Collins, 1993:2).

⁸¹ “The acceptance of photographs as a form of evidence is the outcome of a historical process that was completed only in the second half of the nineteenth century and that was bound up with the new uses for the photograph in the state’s practices of social control (Tagg, 1988:98). ‘Photographs were not viewed as metaphors of experience, but rather as sections of reality itself. If photographs showed gigantic trees and awe-inspiring mountains, then all the trees were gigantic and all the mountains awe-inspiring. When photos depicted Indian as ‘savages,’ Indians were confirmed as savages’ (Lyman 1982:29). The Geographic capitalized on this notion of the photograph as evidence and established itself as a source of accurate and timely information on the colonial world” (Lutz and Collins, 1993:28). Photography has been a means of bolstering stereotypes or awakening curiosity “about unfamiliar ways of life” (Lutz and Collins, 1993:14). Photographs in Geographic tend to show people as “either cut off from the flow of world events or involved in a singular story of progress from tradition to modernity, a story that changes with decolonization” (Lutz and Collins, 1993:13). Geographic’s “principle of absolute accuracy” sustains images of bare breasted natives, but portrays them only in a positive light; “the demand of artistry and the uncontroversial meant that these native subjects were young, well-proportioned and often draped like classical nudes” (Pauly, 1979:528; Lutz and Collins, 1993:25). Drawing on Pauly (1979), Lutz and Collins discuss how the construction of Geographic’s photos mark them as “records” by utilizing “sharp focus and conventional framing” making them seem to the viewer to be “real” (Lutz and Collins, 1993: 30).

⁸² Fabian (1983) and Price (1989), discuss how the magazine’s attention to ritual bolsters the “view of the other as superstitious or irrational,” possibly “responsible for contempt for the native mind” (Drinnon 1980:442; Lutz and Collins, 1993:90, 91). Graham-Brown (1988) suggests that focus on dress leads to a sense of timelessness in the people depicted, further marking difference - marking the difference in dress makes “the entire notion of difference among people easily digestible” (Bolton, 1990:269 in Lutz and Collins, 1993: 93) - and framing the “object” as “picturesque and erotic” (118 in Lutz and Collins, 1993: 93).

⁸³ Another device is Geographic’s use of “science” as their authenticating voice; particularly in the United States, the power of backing statements with “science” and its “interpenetration” with the entertainment industry has “fomented the construction of evolutionary and racist understandings of the United States and its relation to the rest of the world” (Lutz and Collins, 1993:26).

societies” (Guimond 1988:68; Lutz and Collings, 1993: 30). The images of Africa produced turn the gaze towards a focus on difference⁸⁴.

As Farmer has argued for Haiti, the media is a key site where the production of images of HIV/AIDS in the world are consumed and develop into local narratives. National Geographic is just one of many in a “complex system” of “communication devices” (e.g. newspapers, magazines, television news reports, textbooks, exchange programs, and travelogues) “purveying and contesting a limited universe of ideas about cultural difference and how it can or should be interpreted” (Lutz and Collins, 1993:Xiii). Lutz and Collins’ analysis of National Geographic emphasizes melodramatic imagery of Africa⁸⁵ that further fosters conceptions of Africa as “other.”

Since early days, media coverage of the HIV “epidemic” has focused on “placing blame,” depicting it as a “gay plague” or as “an African or Haitian disease” (Farmer 1994; Nelkin and Gilman, 1988; Nelkin, 1991:299). Journalistic reporting and the evolving epidemiology of HIV/AIDS in the US (distinct from Africa’s⁸⁶) were central to the changing face of HIV/AIDS: AIDS in the US was/is consistently portrayed as a disease of “othered” peoples, feeding into “wider anxieties and fears” that focus on “racism and homophobia” and “seeking scapegoats” (Weeks, 1988: 11). Mary explains how her initial concept of AIDS changed as she learned more:

... in school we did learn about AIDS, sort of as a gay man’s disease. They may have never outwardly said it, but no one tried to fix that stereotype that everyone had. I think that was a very Americanized view of HIV/AIDS and I don’t think that anyone realized how crucial or critical the problem was in Africa until we turned on the news. Now that I think about it, I think that’s how I realized how large a problem it was, through magazines and newspapers. I wasn’t learning it from my school.

Mary attributes her awareness of the “crucial” and “critical problem” in Africa, linking Africa to AIDS, to “the news.”

⁸⁴ And away from the responsibility of “Western” production of situations of structural inequality.

⁸⁵ This portrays HIV/AIDS as something that happens to someone else, drawing on the concept of the “other” as disease carrier, and tying notions of immunity to cultures – where culture is a monolithic constant, with bounded and un-moving systems of practice that control a particular group’s way of life with little flexibility or fluidity between two “groups.” Students initially invoke “culture” as one explanation for the perceived difference in African AIDS, vs. AIDS in the U.S.

⁸⁶ Initially HIV/AIDS was perceived to be a disease of homosexuals, and in the U.S. was originally called GRID (gay related immune disease), in 1982 when the immunodeficiency emerged in recurring cases amongst men who had sex with men. As infection rates grew, and HIV/AIDS became more widely understood, people placed blame “on marginalized, oppressed or feared groups; with Haitians, and subsequently with black Americans ...” (Weeks, 1988:11).

While some academics understand the connection between Africa and AIDS to be a form of scapegoating, leading to moral panic (Plummer, Weeks, Treichler, Patton), the Africa and AIDS link, to others, “fits” with the ways in which Americans understand Africa (Kitzinger and Miller, 1992) in terms of the stereotypes and racialized notions of “Africans” and “non-Westerners” (Kitzinger and Miller, 1992: 29). The “response to perceive Africa” associated with AIDS depends on a “broader context of reporting . . . whereby the idea that HIV came from over there ‘fits’ with many white people’s pre-existing images of ‘the dark continent’” (1992:39).

Television infomercials consistently link HIV/AIDS to Africa without necessarily educating people about the disease or the social structures causing its prevalence:

They have these TV commercials that are for supporting financial Aid and African children and they somehow always connect it to HIV or AIDS . . . it’s not really educational, but it puts the image in your face at least I guess . . . (Sally)

Mazur (1987) and Nelkin (1991) have noted that “the quantity of coverage” of events/situations “influence . . . public perceptions” more “than the actual content of the coverage” (1991: 302). Hence, frequent mention by media of AIDS linked to Africa has a significant conflation effect on public perception.

As Kitzinger and Miller (1992) found, “the idea that ‘75 million may die’ ‘fits’ with the image of Africa as a disaster zone,” reinforces concepts of Africa, in my participant’s words, as the “danger zone” (39):

I feel America it would make sense to say the problem is Africa where there are all of these problems, all of these social issues, all of these diseases, and this is another one of those things that makes it kinda the Danger zone and that makes it need charity. . . in the US, its not me, its over there. . . those people in Africa that have HIV and it doesn’t have anything to do with me except maybe I can help . . . (Robin, emphasis added)

Use of different language furthers the divide between first- and third-world regions according to Paula Triechler; “. . . in the industrialized world, populations are affected and locations are AIDS-infected; in the Third World, populations are devastated and locations are AIDS-infested” (1991:88). This reinforces stereotypes and the distancing of “healthy” first-world bodies from “infested” third-world bodies.

Kitzinger and Miller’s study shows the “striking” influence of media to affect what people “believe” to be “truth,” resulting in individuals, with little understanding of the situation they are referring to, able to “accurately report statistics” they have heard on news reports (1992:37). Journalistic interpretations “reflect social

stereotypes, local values, moral or political biases⁸⁷” which strongly influence the understanding of HIV/AIDS in the US (Nelkin, 1991:196). For my respondents, the picture of the starving “Africans,” fostered by infomercials asking Americans to “keep a child alive,” portraying “fly-ridden black babies” with distended naked bellies, are easier to accept of their imagined Africa than the middle-class black business manager driving a BMW (Shay, initial interview).

Ammelie connects her ability to distance herself from potential contraction, to what Kitzinger and Miller called the “media image” of a person living with AIDS; “as thin, gaunt and wasted” (Watney, 1988; Patton, 1990; Kitzinger and Miller, 1992: 39):

... these images I had of AIDS were these, like skeletons, and that was like, oh that's when it gets really bad. . . I just thought about it as something people were dying from somewhere else (Ammelie).

This imagined, skeleton-like person “fits’ with the routine portrayal of African starvation” (Watney, 1988; Patton, 1990; Kitzinger and Miller, 1992: 39).

Respondents discuss their expectations of this image, recounting how they had prepared themselves to see the emaciated faces of people dying of AIDS:

Ann: . . . all those pictures and images that we have in our heads about AIDS, but I have not seen that. I thought I was going to see it everywhere, or maybe even daily, or when I travelled, but we travelled through a lot of villages, we travelled into hospitals and I haven't seen it.

Jen: It almost scared me more to not be able to visually see the people and identify who has it, because I would see people, and it didn't even cross my mind who has it, who doesn't because I think it would have crossed my mind if I had seen people who were sickly. . .

Ann: we went to many, many places. In Zambia we went to this huge village of seven thousand and went exploring in the village, and we didn't see anything. I don't know if they were in different huts, but there was not sick people. Granted they were all sitting around doing nothing, but I'm pretty good at health indicators, and they all had really nice teeth. I look at nails and teeth, and top five indicators . . . (focus group, Liesbeeck Hall)

Ann's surprise at being unable to decipher who, if any, were “suffering” from infection shows that the lack of visibility of people with HIV/AIDS was “scary” to my respondents because they expected to find sickness in the “villages” - harkening back to stereotypes of an Africa wrought with disease and suffering⁸⁸ (Kitzinger and Miller, 1992).

⁸⁷ “[S]ocial factors converge with the constraints of journalism” and pressures from individuals to influence the “content of the news” (Kinsella, 1989 in Nelkin, 1991: 296)

⁸⁸ Visible signs of this suffering should be evident, because of the “the notion of AIDS as a black syndrome” which “fits’ with many white people's pre-existing understanding of ‘the culture’ of the continent” and “the idea of black people, and particularly black ‘foreigners’ and immigrants, as carriers of infection” (Kitzinger and Miller, 1992:39).

Images that reinforce “the AIDS–Africa link” according to Kitzinger and Miller, abound in “a ‘World in Action’ documentary about Africa, famine relief advertisements, a poster showing evolution from monkey to man and a whole range of accounts of Africa ‘pretty well catalogued from Darwin onwards’” (1992:42). My respondents drew understanding from the above-mentioned mediums, and various popular media sources from MTV to infomercials. Respondents consistently reported that South Africa had “one of the highest” rates of infection worldwide, quoting television news reports’ statistics as their source of information, but when asked to discuss more details of other countries facing similar HIV/AIDS statistics, they were unable. This made it clear that respondents understood HIV/AIDS as an “epidemic in South Africa,” but their awareness of it as a world-wide issue with social implications developed only as exposure to more information revised their expectations of South Africa.

Difference?!

... at home we have certain stigmas, but the taboos and stigmas here are rooted in different things ... **tradition, culture and the myths we have here are different** ... I don’t think anyone at home would say have sex with a virgin and you will be cured, but people here believe that. Or shower and you won’t have AIDS - I don’t think people at home would go for that (Therese, emphasis added).

“Difference” was increasingly highlighted as a central theme in respondents’ experiences of South Africa, and discussed as one catalyst in their changing understanding of HIV/AIDS. When I asked respondents to develop what they meant by “difference,” I noticed that observations ranged from analyses of how “Culture,” stigma and taboo affected the different meanings of HIV/AIDS in “Africa” (vs. in the US) to the freedom with which people expressed sexuality, to commentary on the ramifications of visual representations of HIV/AIDS and even the ways in which HIV/AIDS is spoken about in the US vs. Cape Town.

the culture in the US is very much an individualized culture, like people think about themselves, where they are going to go and what they are going to do. So if HIV comes into their lives then it gets thought of, but if it doesn’t then they won’t necessarily unless you go out and seek it (May).

At home I feel like it’s more of a spectre, and like a deadly monster, but it’s not as imminent for most people, and we don’t know much about it. Here I think it’s modelled in a more rational objective way maybe, that’s my feeling. Here it’s still proactive, the ad campaigns here are like “I said no so we didn’t” but at home it’s more like “AIDS kills” and here it’s more “have responsible sex” ... (Therese)

I think it's probably painted as something that happens in the rural areas that people cannot escape because their community has it. Like entire communities are infected. If you are in a city, you know, you might not get it. If I tell people I'm going to the city they are much more relieved than if I were to tell them I was going to a rural township for the next five months. Because it's like you're gonna breathe and you're gonna die, versus the idea of being in an urban area. So I think a lot of the underlying assumptions is that it is in a rural area where people are not necessarily in a monogamous relationship and there is not the health facility to get tested, or there is no concern about it, until someone they know has got it, or is ill, and even then they do not talk about it because there is that idea, the whole social exclusion thing (Jen).

One difference that respondents repeatedly highlighted as central to their changing awareness was the ways in which HIV/AIDS is represented to the lay communities in South Africa (as "different" from the US).

Decontextualizing Medicalization

"We simply learned how it was transmitted and that you would end up really sick if you had it" explained Tara whose "health" teacher discussed HIV/AIDS as he warned about the dangers of sex. Respondents' HIV/AIDS knowledge was mostly "medicalized," taught in health classes referencing STIs or in "biology class" as a "retrovirus." Initial contact with HIV/AIDS in "biology class" limited respondents' understanding to medical discourse; focusing on "the biology of it," (i.e., how not to get HIV/AIDS) and not the social meaning, or economic burden of living with HIV/AIDS (Mary, March 12, 2007).

When initially asked to define HIV/AIDS, more than half the cohort defined it simply as a "retrovirus," "immuno-deficiency" or in biological terms. Respondents were knowledgeable regarding HIV/AIDS transmission, biology and pathology⁸⁹, explaining that from an early age awareness of HIV/AIDS was something they could remember. Paul discusses how he realized, in elementary school, that all his classmates knew of HIV/AIDS, if only by name. "We were reading a book in which characters became 'blood brothers' and the teacher asked us if we knew why we should not do that and the entire class said 'AIDS'" (March 12, 2007). The concept of AIDS was something all students were aware of, but only the means of contraction with no context for the reality of living HIV+ or its social aspects.

⁸⁹ Except for questions pertaining to cross-strain infection - students had difficulty answering questions that dealt with whether or not, cross-strain transmission could occur between two positive partners, and often asked me about the "truth" and possibility of "catching another strain."

Most respondents recall their initial knowledge as having been acquired through school programs aimed at teaching students the ABC's. The rest, who could not pinpoint a particular first memory, described "always kn[owing] it existed," from "primary school health class," but "really came to an understanding of it in high school" (Shay), mostly school assemblies aimed at increasing awareness of HIV/AIDS, or through classroom work either focusing on the biology of HIV/AIDS or methods of avoiding contraction. This medicalized focus also contributed to the decontextualization of the disease:

I remember a video about children with HIV. I remember them giving us a sort of knowledge test, like "can you get HIV from any of these" and one of them was sharing plates and cups (Ammelie)

I remember in elementary school being in the nurse's office and looking up at a framed photo of a young boy with the words 'hug me, I have AIDS' scrolled at the top (Mary)

Respondents mostly claimed that HIV/AIDS had been discussed by "an expert or victim," a "promiscuous woman" or "gay man" furthering the perception of HIV/AIDS as "other" or "distancing" respondents (Ben, Jen, Mary). This framed Ammelie's understanding of the virus and left her wondering why people kept making choices that would put them at risk:

I thought of it, especially in the US, as homosexuals. If you are a homosexual at all, I thought you were going to get it basically, also sex workers, sharing needles, drug addiction unprotected sex in general. I didn't really think about the social factors that go into the decisions people make personally . . . I thought of it as these bound categories, I thought why can't they - you can always choose, you didn't have to do that . . .

For Ammelie, contraction was framed as a result of the choices one made.

Respondent's memories of the information they receive reiterate Ken Plummer's observation of the linguistic organization around HIV/AIDS, which he sees as focused in two ways⁹⁰; the first focuses on "the medicalization of AIDS (and the counter-attack to resist . . . and demedicalize it)," and the other on the stigmatization of AIDS" (Aggleton and Homans, 1988:23). Mary expands on this framework, discussing her "frustration" with her HIV/AIDS education "prior to college." She claims that her introduction to HIV/AIDS was in biology class, where HIV/AIDS was used to teach about biology and rigorously examine students'

⁹⁰ While I think this argument neglects some very important and emerging discourses surrounding HIV/AIDS, I do agree with Plummer in that, early on in the history of HIV/AIDS, emphasis was placed on biological/transmissive, medicalizing terms, and a sense of "otherness."

understanding of biological definitions, but was not contextualized or understood outside of the biological realm.

Mary explained that her knowledge of HIV/AIDS was pretty sound in regard to the understanding of biological contraction, but her ability to connect the disease with other greater social factors such as poverty, or oppression (and their relation to higher incidence of contraction, etc.), only arose out of self-motivated personal research. I asked her to expand on her “biologically-based” understanding and how her understanding of the “social aspects” evolved out of her own “personal research.” She replied:

There had to be some sort of education for me to realize, but it wasn't empathized with, if that's the right word. It's really hard to explain. Fundamentally it was very biological, we'd have pictures. We constantly heard the words t-cells and antibodies. I remember one test was in eighth grade, and it was on HIV/AIDS, and literally everybody - I had been sick so I didn't take it - had to retake it, and people had gotten their test back and just freaked me out because everybody had failed, and it was because the way she graded it. You had to say out AIDS and spell out the acronym correctly. And no one had spelled it correctly. That's how technical it was. It was to the point where you had to spell out acute immuno-deficiency syndrome and so it was biological. I just thought that was ridiculous, you are going to fail kids because they can't spell? That's the kind of information.

Mary mentions empathy, or a lack thereof, in her education with regard to HIV/AIDS. She found that her understanding of HIV/AIDS was severely lacking when it came to the social factors that influence structural inequalities, exacerbating variables like poverty, which supposedly explain differences in contraction rates. “Scientific” reports quoting “medical” data that situate AIDS in Africa are taken as truth, but the explanation behind these supposedly higher rates of transmission and contraction are not explored in their portrayal to students. The “medicalized” portrayal of HIV/AIDS in the US juxtaposed with heart-wrenching images of HIV/AIDS in Africa furthers the difference in the ways respondents perceive of and imagined HIV/AIDS in Africa before their arrival.

According to May “[i]n the US, because of the resources, it has a much more medicalized deal and here, [in South Africa] when I get an image of it, I see people suffering.” Portrayals of “African AIDS,” are through images of devastation/suffering, which imply a “community” in need of help, versus the medicalized, “othering” that exists in media discourse surrounding HIV/AIDS in the US. Thus, the “AIDSPEAK” that Ken Plummer refers to, where discourse in the US is organized around the medical/stigma and in Africa around devastation, has allowed students, initially, to gaze upon the “dread” and “horror” of a “disease-ridden”

continent with no understanding of social factors involved in such widespread contraction (1988; Trieckler, 1991). A catalyst for respondents' changing understanding came about through exposure to the social aspects of the virus in the South African context⁹¹.

Difference in Representations

Respondents commented that their awareness increased because people are "more open here" and issues around HIV/AIDS are "in your face" every day, juxtaposed with the rarity of dealing with HIV/AIDS issues in the US in their individual social worlds (Therese and Jen).

Therese: . . . people are more open here. . . even at my university at home, they definitely wouldn't have a week of free AIDS testing or even a free STD testing in general. We wouldn't have something like that. There are students who would support it because UMass, Amherst is very open, liberal and progressive, but we wouldn't do that. It just wouldn't happen. You wouldn't go and tell people, yeah I just got AIDS tested today. You might tell your close friends, but you wouldn't wear your bracelet, and that's just because there's a lot more of a stigma; "Oh mi god, you have AIDS or something, what were you doing? Are you stupid?" And here it's just like, well people have it. And here you can see the effects a lot more first hand, and you know the statistics and it's not only in the townships, obviously, but it's worse there than in the suburbs. You just see it more, "oh there's an AIDS orphanage, or there's a clinic," and just hits you in the face a whole lot more here.

Increased awareness resulted from exposure to "different" types of information and the campus' "openness" in approaching matters such as testing and condom use. This led to respondents' deeper understanding of the "social meanings" intertwined with HIV/AIDS by contextualizing the social implications of the virus in course materials, which made the existence of AIDS amongst their peers impossible to distance themselves from.

Another large contributor to respondents' changing awareness were the visual representations of HIV/AIDS campaigns throughout Cape Town.

. . . there is graffiti . . . a big spray-painted condom. . . It's at the Mowbray train station . . . a wall with a huge condom right there, and you would never see that in the States. It's too much information, too forward for there (Jen).

Jen continues her commentary on the differences she sees in visual representations of HIV/AIDS between the US and South Africa explaining that, even though "you

⁹¹ Respondents discussed how the approaches of their professors, and the tendency amongst their South African class-mates to relate academic avenues of inquiry to their "personal lives" in class, tutorials and through papers was something they had to get used to, but opened their eyes to the connections between their academics and social lives – this they explained never happened in their classes in the States, allowing them to "distance" themselves from issues (such as HIV/AIDS) due to a tendency to "intellectualize" such issues (focus group #8).

visually see more about it," she has "never overheard people, or even when I talk to South Africans it has never been part of the conversation." She explains that she understands this lack of discussion as a result of the "culture" because, according to her observations, "this culture is a lot more reserved":

It's funny, if you go to Europe, and I've even seen it here on postcards at Brainbooks, there's a naked woman, she's an islander or something, but you would never see this in a book store in the States. It's got that European thing here, where you can open a magazine and the fashion is topless in a pair of underwear versus like the States where that would never happen⁹².

Jen's commentary on the visual representations relating to HIV/AIDS demonstrates the nuances she sees in the difference (between the US and South Africa) relating to aesthetics. This affects her awareness:

There is more here because it's in the residential halls here as well, the condoms. But also, it's on signs on the streets too. Just walking to and from campus versus the actual campus where we have AIDS awareness day where it's a special day. In the US, I don't feel like there is as much of it, it's not as prevalent. I feel like, here, they don't care that there are posters everywhere, but at home it's the aesthetic thing; "we can't have posters about AIDS everywhere, visitors are going to think that there are infections everywhere."

Jen's commentary highlights a difference in approach to visual campaigns attempting to combat HIV/AIDS. According to Jen, the aesthetic traditions in the US – as not "in your face" – allow for another means of distancing from HIV/AIDS⁹³. Jane noted, "I've never and I don't think we will ever see, for example, ads with a white businessman saying I have HIV/AIDS." In South Africa respondents see ads focused on "everyone." Thus advertisements portraying specific people create associations. The tendency to associate HIV/AIDS with particular groups of people and places was seemingly a motivating factor behind many of my respondents' decision to study in South Africa. Popular US media portrayals construct an urge to "help" or "save" the "helpless Africans" (Kitzinger and Miller, 1992).

⁹² Jen notes that there is a "cultural" difference that seemingly affects the amount of "talk" with regard to HIV/AIDS, connecting privacy in personal matters to culture, and juxtaposing that with her observations of a *lasses faire* attitude towards popular media treatment of nudity. "At the same time, I feel like people here are a lot more private about their personal lives, whereas in the states you get girls that are like, "oh mi god and then he did that . . ." and its disgusting. And you're like great, "I'm glad you told me that." And now, every time you see Sebastian your like "I know something" . . .but now I'm going to be more aware of it, now that we have done these talks and stuff . . ."

⁹³ This distancing has been attributed to the fact that HIV/AIDS in the U.S. is portrayed as predominantly a homosexual disease (Watney, 1988; Patton, 1990; Aggleton and Homans, 198?; Weeks, 198?; Plummer, 198?). Thus the two very divergent epidemiological histories of HIV/AIDS, which attempt to explain the debate around the cause of spread becomes salient as the public takes note of the focus of health messages (which in the U.S. focuses predominantly on "minorities" and "homosexuals."

The Urge to Voluntour

A moral urge, to help those unable to help themselves, adding to the perception of Africa that equates it with AIDS, is implicated in respondents' move to Africa, and has been referred to by many academics through a variety of terms (i.e., "moral tourism," ethical tourism, etc.). Students decided to come to South Africa out of an urge to "see Africa" or "something different," reinforcing the perception of Africa as "other," or symbolic of the "rest" of the world in "opposition" to everything that is the "West" (Hall, 2002:57). More than two-thirds of my respondents, when asked what made them decide to come to South Africa, or take an interest in my research, explained that, as a result of their own personal interest or for university projects, found themselves further intrigued.

For Shay, the motivation to study and "help" in South Africa was born out of looking back at history: "Are we going to let millions of Africans die like we did the Jews?" drawing on the same sense of "responsibility" that Robin highlighted in her comment about her peers' approach to AIDS: "in the US perception of Africa, it's those people in Africa that have HIV and it doesn't have anything to do with me except that maybe I can help them or be a bit responsible for helping out." Respondents repeatedly reported that they understood HIV/AIDS to be a "huge problem" in Southern Africa before arriving in Cape Town; especially amongst those who came to South Africa to study (or volunteer with) specifically HIV/AIDS-related issues, claiming that part of their motivation to study in South Africa was because it was "right place" to be⁹⁴.

In exploring this tendency to want to "save" or "help" the "Africans," I found students responded overwhelmingly with answers relating back to the media representations of Africa which made them feel the need to help, building on the notion that "it is out of the hands" of the "Africans." Most images respondents discussed were described as images of unadulterated, eternal suffering, in a "land" where treatment is unavailable due to lack of resources and organization. The only answer seemed to be to get celebrities to intervene:

because of the images of Africa you have this kind of devastation associated with it, like it's just this epidemic that's permeated everywhere, and it's more or less a way of life that's really prevalent, and *it's one more thing here* . . . In the US, because of the resources, it has a much

⁹⁴ This "right place" remark was repeatedly offered to me as well, when I explained to people in the U.S. my interest in studying HIV/AIDS and the location to which I had moved (Cape Town).

more medicalized deal. When I get an image of it, I see people suffering without treatment and that's problematic and upsetting. (May) (emphasis added)

I think the media portrays Africa as helpless, until Bono comes along and holds a concert. I don't want to undermine the state of Sub-Saharan Africa and all the problems facing it, but there are these recycled images of starving people and orphan children that makes it seem like it is just completely out of African people's hands, the entire situation. (Paul)

I hardly ever watched television and so I sometimes wonder how I get these images. I'm still reading the paper and listening to radio, but I am wondering what people think when you see these images on screen and the power of that. I wonder how it is that I drew these conclusions without ever having actually seen anything, but I think that there is a sentiment in America about Africa in general, that there is no development, that it's a bunch of people who are starving, who are war torn or suffering in any variety of ways in this wildness . . . (Robin) (emphasis added)

These quotes reflect recurring themes in the conception of Africa that link it to AIDS; of Africa lacking development, of AIDS as one more problem to add to the list of Africa's issues, and of Americans' responsibility to help.

As Paula Triechler explains, part of the media-ised linkage of Africa to AIDS is the portrayal of "Africans" as "passive" individuals, in need of help from the outside (Triechler, 1991:88, quoting Eckholm 89, 91). My respondents reported only becoming aware of the "host of medical, cultural and economic factors that make Africans especially vulnerable" once in South Africa, discussed as facilitating a change in the way they understand HIV/AIDS (Triechler, 1991:88, quoting Eckholm 89, 91). Analysing this, it becomes evident that media images, repetitive reporting focusing on Africa's problems, and biased, generalized terminology lead individuals to perceptions of Africa, and to "make up" a people who are passively sitting, with no help from their own governments, and no determination or agency of their own, awaiting aid from the first-world or Bono.

As Paul explains, the media represents the future of Africa without foreign intervention as bleak. It does not report on the advances made in different African countries with regard to HIV/AIDS interventions. There is little mention of the free ARV rollout in the Western Cape and when mentioned, only the pitfalls of the program are discussed, highlighting stigma as a barrier to many people's access:

. . . in popular media there is not a lot of representation about why AIDS is here and what is being done about it . . . it's more like it's just the end of Africa, like it will be the downfall.

It is this "end of Africa," that urges humanitarian-minded students to travel to the "danger zone" to try to help those "in need." From this urge to "help" the helpless, a

whole market for “service vacations” has evolved, termed “moral tourism,⁹⁵” or “an alternative” to “regular spring breaks” leaving one with a “good feeling” (Robin).

Moral Tourism:

Anthropology’s interest in analysing tourism dates back to the 1960s and, in recent years, has grown. Extensive debates ensued between Nash (1981) and his contemporaries in determining whether tourism was a legitimate field of study for anthropology. Study-abroad as an extension of tourism can be “viewed as a subclass of migration” (Graves and Graves, 1974) which, as an anthropological field of study, is understood beyond simply moving from one land to another, but as an altering, embodied experience. Study abroad can easily be conceptualized as “tourism” in the sense that work and “real life” obligations do not exist for the student in the same way that they would at home⁹⁶ (Nash: 1981). Yet, a study-abroad period can also be seen as more than simple “tourism”: an activity deeply affected by the motivation for⁹⁷ and act of migration, and new lived experiences that develop from this move (Dann, 1981).

Asking students why they came to South Africa, I found an overwhelming response centred around the motivation to view a “traditional” or “developing” nation, to “see Africa,” and to “help⁹⁸” people or come to the “right place” for their interests – either “development” or HIV/AIDS. The administrators coordinating the Council on International Educational Exchange (CIEE)⁹⁹ report that the volunteer portion of their program is a large selling point for foreign exchange students because of the

⁹⁵ Tourism based on altruism brings first and third world “bodies” into contact resulting in tension and the recurring tendency amongst my respondents to compare their experiences in Cape Town with those at home (discussed earlier in this chapter).

⁹⁶ That does not mean that there are no obligations, or the period of study is devoid of “work” and responsibilities, just that it is not the “same” as home.

⁹⁷ Dann (1981) argues for the importance of differentiating the “tourist role,” stating that “writers such as Buck, Cohen, Crompton, De Sola Pool, Gray, MacCannell, Rivers and Sutton agree that a study of tourism without tourist motivation is largely a sterile exercise” where “variation is directly related to tourist motivation” (in Cohen, 1981: 470).

⁹⁸ In a 2006 seminar, given to the Societies in Transition course entitled “Of Revelation and Revolution” (17 October, 2006), Jean Comaroff discussed the concept of moral tourism when explaining that a program she runs brings American students to South Africa. Professor Comaroff explained that she looks at the tendency amongst her students, in their desire to volunteer particularly in townships, as “moral tourism.” This urge to help, or interest in seeing the devastation so often referred to on television and in other media sources, and the altruistic feelings that respondents exhibit is not isolated to Professor Comaroff’s students.

⁹⁹ CIEE is the study abroad program from which the most number of my respondents came. CIEE arranges for the students a position at UCT, housing during their stay, a number of excursions and volunteer opportunities.

growing market for “moral tourism”; “that’s why a lot of students pick CIEE, because of the volunteer option . . .” (interview transcription, Baker¹⁰⁰). Ronel, CIEE’s volunteer coordinator, notes that: “. . . all of them are interested in doing something with TB, HIV or AIDS, and they are all here to save the world, or save African people from themselves” (Interview transcription). All but one of my respondents were involved in some form of volunteering during their stay in South Africa.

Conclusion:

This chapter explores how the perception of a particular form of “African AIDS” is created through media portrayals that juxtapose AIDS in the US (as medicalized and under control) with AIDS in Africa (images of suffering) which led my respondents to travel to Africa out of an urge or “responsibility” to help. Volunteering “in Africa” satisfies respondents’ desire to consume or absorb “Africa,” while allowing them to feel that they are contributing to alleviate the suffering they perceive in “Africans.”

¹⁰⁰ Felicity Baker, assistant coordinator of CIEE.

4. Experience, Catalyst for Change

Therese: [HIV] really does affect everybody which I don't think I knew before I came here. I knew it was important, it wasn't that I didn't think it was important, but it really was just something that was external to my own life and experience. Even though I knew that it should be, it still took a back [seat].

Amber: How did it become something that was more internalized?

Therese: I don't have any personal - I don't have any friends that I know of who have HIV . . . part of it is that its something I had to think of more about because of personal experiences and part of it is more in your face here, just the campaigns and discussions. . . I guess I just learned about it more because you are travelling and talking to people and hearing about the effects in other places. Now I understand the different factors, like a cause that perpetuates the problem

Amber: Any reasons that you now understand different factors?

Therese: I have a lot more knowledge about it than I did before. Now, I want to know, because honestly a year and half ago I knew you couldn't get AIDS from kissing or anything like that. I knew that, but I didn't know how. If you asked me to explain it, I wouldn't have been able to. The explanation was not going to be correct. I sort of had a vague understanding about it, but when I knew I was coming to Africa I decided I needed to gain an understanding about it. So, I made sure I did. I wrote a paper about it . . .

Angell¹⁰¹ (1969) notes a "change in attitudes" of participants of "transnational relations" because such relations provide "experience[s] and socialization"¹⁰² . . . difficult to replicate through courses in schools or domestic activity alone" (in Alger, 1977:287). Perceiving themselves originally as intrinsically different from the "foreigner" furthers the distinction between us and them, but eventually through the lived experience in the "other's" space, respondents realize their interconnectedness with others, resulting in a change in self-understanding and respondents' conceptions of HIV/AIDS (in Alger, 1977:309). This chapter addresses the question of change by analysing the ways respondents speak about their experiences in South Africa as an undoing of their previous perceptions, suggesting the efficacy of being in a foreign place as a means towards social change.

¹⁰¹ Angell (1969) analyzes the role of "migration, visiting of relatives and friends abroad, service in the Peace Corps, studying and research abroad, technical assistance missions, religious missions, business missions, and participation in international nongovernmental organizations" in the development of these individual's understanding of their inter-relatedness with the world.

¹⁰² Through a trans-national move an individual realizes the arbitrary distinctions between local and international issues (Angell in Alger, 1977:287), which "incapacitate[d] people from perceiving much that is part of their local daily life" and abdicating "control over" it, assuming that the "elites" in charge will make the correct decisions for them (Angell in Alger, 1977: 288).

SEX! The decision to have or not . . .

Research projects written by UCT's undergraduate medical anthropology class on HIV/AIDS perceptions highlight a pattern amongst foreign students - a double standard in sexual practices at home versus reports of sexual activity in South Africa (Levine and Ross, 2002). Research shows that students, travellers, migrants, etc. behave differently when not in their home country with regard to sex¹⁰³ (Gregory, 2002). The projects of undergraduate UCT students exhibited two interesting facts about college-aged students; in most cases, while abroad in Europe and in the US, students reported increased recklessness and incidences of unprotected sex. In these reports, a number of these study-abroad respondents reported that, in deciding to come to South Africa, they were also deciding to abstain from sex for the duration of their stay. Similarly, a majority of my respondents stated, in initial interviews, that they would not be having sex in South Africa. As respondents found themselves spending time with South Africans, the concept of "abstaining" from sex fell by the wayside, which contributed to erasing the association of "Africa" with HIV/AIDS.

I asked respondents to discuss their thoughts of sex in the context of South Africa prior to arrival. For those students who were sexually active, most¹⁰⁴ admitted to deciding before arriving not to have sex at all "in Africa." Therese, who had never had sex before arriving in Cape Town, recounted her initial perspective on having sex, "I haven't had sex before, so why would I want to do it in Africa where I could get AIDS?" (initial interview). In a later interview she explained that while she didn't "know the statistics"¹⁰⁵ in the US amongst college students, she was "thinking wow, I have a one in three chance" when in South Africa, vs. a "one in one hundred chance" in the States. Slowly, over time, her views changed due to the "open" ways in which sex is approached in the South African context.

¹⁰³ Not to mention, that tourism at times is motivated by sex (Gregory, 2002).

¹⁰⁴ One respondent was engaged and another in a "committed relationship" so they discounted the possibility of having sex for reasons other than being "in Africa." Another two claimed not to have thought about it prior to departure, the remainder spoke about a conscious focus on abstinence in the South African setting.

¹⁰⁵ Students routinely reported statistics that they had heard on television, in the news, etc. to me regarding rates of contraction, death or infection in South Africa. When I asked them if they thought the statistics were true to their experiences, many said no. In return a number of students began to ask how statistics in these cases were collected. I explained what I knew of statistics being gleaned from exit polling at neo-natal clinics. I told them that these were not the only ways that stats were collected, but this led to a discussion of the problematics of certain types of data collection and statistical analysis. In final interviews, a number of respondents reflected on the fact that our discussions would make them critically reflect on statistics as opposed to accepting them at face value in the future.

Therese explained that in South Africa sex as related to HIV/AIDS is discussed more openly than at home: "... you talk about it more. Here it's a real issue. In America, it's almost more stigmatized than it is here, because we don't talk about it as much and we say we're fine when we are not completely fine." Therese explained that while she had very little experience with sex and related matters, such as HIV/AIDS testing, being in South Africa made testing easier. When I asked her why she thought this was, she explained:

... because of the openness, and now I'm more educated. When I go home, and I'm seeing someone else, when it comes up I think I will [ask] have you been tested? I have or I am going to do it again because I think that if it's a behavior that I model, it's reasonable to ask that of my partner. If they have a problem with it, then too bad, because it's not worth my life. I think for a lot of people, if they haven't travelled too much, they may be like, geez, why? But if I explain to them my experience in Africa... and it's really prominent in the experience I had, so I am not taking any chances anywhere. It doesn't matter if you are American... why not find out? Then you will be happy if you don't, and if you do, you will need to start dealing with it. ... Now that I've been here and... it's more open and I've educated myself about responsible behavior regarding that. I don't want to be an ambassador, but I do want to go home and encourage my friends to do the same and anyone that I'm seeing. Maybe it will help them get over any stigmas or negative ideas that they have and see it more openly. ... I'm hoping... (Therese)

Analysing the approach to sex amongst the South African UCT students she spent time with, Therese explains: "I think that the college culture there [US] is more reckless." Therese then recounted a story:

... my friend who was studying abroad hooked up with this German guy in Mozambique, and they had unprotected sex. I [said], "what are you doing? Don't do that, it's not cool." She [said] "What? It's ok, he's German." I said "I can't believe you just said that because he is such a man-whore and he has slept with like six girls while being here even though he has a girlfriend." So it doesn't matter what country you are from, it matters your sexual behaviour, how safe you are...

Clearly, the national-origin of the boy with whom Therese's friend had sex and not his sexual history, guided her decision. Therese's realization is key; that your nation of origin does not matter, but rather, your decisions with regard to your own behavior and personal health. However, Sally's answer on condom use reflects a reliance on national origin as marker for behavioral action:

Amber: If you were to have sex here, in South Africa, would you demand a condom?

Sally: If I had sex with a South African, yeah

Unlike Therese, Sally decided to rely on stereotypes, statistics and "science" that portray "Africans" as more "dangerous" or "risky"; South African national-identity marks the body.

Therese's position as a respondent was slightly different from the rest; she had been in Cape Town for six months when we met, having extended her time to a year. Therese offered a valuable perspective; a slightly more time-lapsed understanding on the experience of being in South Africa. After my first meeting with Therese, where she spoke about her first sexual experience with an "African" peer at UCT, I was able to frame a new set of questions for my respondents. Therese highlighted that before she was willing to have sex with her new partner, she asked that they both get tested together. I asked her whether her actions in South Africa would have been the same in the US:

Amber: You said you were both tested before you did anything. Do you think that you would have done the same in the States?

Therese: I don't know. It's interesting because he asked me that, and I said of course, but then later when he was gone I really had to think about it. I mean would I have? Because, I think coming here has made me think about it a whole lot more, educate yourself, you talk about it more, here it's a real issue, and in America, it's almost more stigmatized there than it is here, because we don't talk about it as much and we say we are fine when we are not completely fine . . . I had to think about it, is it really true? Would I have asked it of my partner in the States? My house mate said . . . that the first time she hooked up with anyone here he was an American and she didn't ask him to use a condom, but the second one that she was actually going out with was an Angolan and she asked him - spoke to him about using a condom. He said "why, if you have never used a condom, do you need to use one with me? I don't understand." She said, we do have this perception and they definitely exist. So you are much more careful when you are going to have sex with an African guy because you get a lot more scared, which may or may not be fair. There are statistics to back it up, but it is also a prejudice, but you also can't be too careful with your life. It's better to be worried and to extend that worry to everyone instead of only applying it to African guys or girls

Therese noted that her behaviour may have reflected double standard. When asking these questions of my other respondents, I found I had to tread lightly. Some respondents were not sexually active, and were visibly uncomfortable discussing their sexual activity. I tried to avoid conversations that prompted long silences or awkwardness. Others were open and comfortable regarding their sexual experiences, or decision-making when it came to sex, as you can see in the following conversation:

Amber: The possibility of having sex here, would you? And what would you need to do in order to do so?

Mary: I would make sure my partner was tested, or me and my partner got tested.

Amber: Would you do the same in the States?

Mary: Hmmm, actually this might be horrible, but I have to be honest, I don't think I would think about it.

Amber: Why do you think that is?

Mary: I think that part of it would be that, even though I do talk about it frequently, I wouldn't say it's a part of my life. Whereas here, I would say that it is a part of the way that I live. I keep thinking about this article that Dr. Paul Farmer wrote about the distribution of illness and how illness is very dependent on socio-economic status and where you are. I go to Manhattan college and its very homogenous, and its very upper middle class. This might be a total stereotype, but I feel like it doesn't affect that demographic as much. I don't know if that's right or wrong, I think that's why I wouldn't think about it - I think of us all as not really as affected by it. You have to be careful, it's not like I would totally throw three beats to the wind. I just feel like, there is some risk, but I don't feel like I am at a high risk. I also feel like I am only at some risk while I'm here too . . . I think, fundamentally there is a higher risk here, but I am careful, and my behaviours are sort of representative of that high risk that I have in the back of my mind. Even though there is a high risk here I probably decide that if I will take the measures necessary to not really put myself at that high-risk.

Amber: Do you think your behaviour is going to be affected by being here?

Mary: No actually probably no. The only thing that really would probably change is making sure someone got tested, but I mean other than that, it would be the same safety precautions - it's like STDs in general . . .

Mary speaks about the different "way" that she lives in South Africa versus the US, highlighting that the thoughts of HIV/AIDS in the African context are much more salient than in her daily life in New York. This is the reason behind the different approach to sex that she would imagine herself taking if she were to have sex during her study abroad period. Jen discusses this perception, explaining that the double standard in testing and condom use comes from the:

. . . thinking that everyone here is infected, just because they are African, versus coming over here with an American. They are safe because they are from an industrialized country or culture where they have the health facilities in order to test them and treat them. I would probably be a lot less hesitant sleeping with someone from the States than with someone from the area . . . there is that commonality between the two of you. I feel like I came from a nice, rural, white area, and you came from a nice, rural, white area, it must mean we are both ok. The underlying assumption is that it is a lot more prevalent here, and you are at risk just because you are in Africa.

Jen explains that her own actions and those of her peers emanate from an assumption that prevalence in "Africa" is higher, and presence in "Africa" puts an individual at more risk, so the commonality of shared "race," location, and national origin is comforting; allowing decisions to be made on the basis of those "characteristics." This confirms the stereotypes pitting "African" medicine against "advanced" western facilities and assuming that Africa's lack of development leads to poor health care. It is a "difference" that becomes the initial focus respondents use to mark people as separate, "other" and, possibly hazardous to the health of their "first-world bodies." By the end of their time in South Africa, respondents were openly admitting to having had misconceptions. Nicole highlights this in discussing her own sexual experiences, stating that she had heard that "African men don't do oral sex, but that's not true."

Nicole's personal experience was the catalyst behind undoing a particular notion of African male sexuality. For the majority of students who had, prior to arrival, decided not to have sex "with Africans," this changed – many admitted to having some type of physical interaction with peers at the university, and a number left Cape Town with African boyfriends¹⁰⁶. Other respondents attributed changes in understanding to personal experience – volunteering brought these "first world" students face-to-face with the communities they expected to be fly-ridden, starving and helpless.

The Power of Volunteering:

A large contributing factor for the "changes" students express in their understandings of HIV/AIDS derives from experiences in volunteer settings¹⁰⁷. After a trip to Guguletu¹⁰⁸, to volunteer as a TAC paralegals, Ann recounted a lesson she had learned.

A once-active TAC branch in Guguletu was having difficulty garnering enough support to maintain weekly meetings due to negative community backlash. The group leader explained that TAC had openly criticized Manto Tshabalala Msimang, Health Minister, for her views on HIV/AIDS treatments¹⁰⁹. This criticism

¹⁰⁶ None of the men I interviewed maintained a relationship with any one girl. Of the men I interviewed as key informants (three), only one spoke openly about being actively involved with people here as the other two were in committed relationships with individuals in the States.

¹⁰⁷ Prior to their visit in South Africa, only two of my students had close contact with PLWHA (people living with HIV/AIDS) and only two others had any contact or had known of anyone living with or having died from HIV/AIDS. Both students who had been in close contact with PLWHA, participants Ammelie & Robin, were members of volunteer organizations and assisted PLWHA in their daily activities. Ammelie explained that her participation had evolved out of a self-motivated urge to "help," but also to "learn more" about living with HIV/AIDS. She explains the value of the experience: "I felt like they were so comprehensive in training I think, and there was such a great sense of community amongst the volunteers and the buddies, I had never really been around people who had been so open and comfortable to talk about all the issue and the all the other social factors relating to it" (Initial Interview). This explanation, that her time as a volunteer made "all the other social factors" of living with HIV/AIDS more understandable comes out in my research with the other respondents. Respondents' initial perceptions of HIV/AIDS in Africa were influenced by what Ken Plummer refers to in the US organization around the "epidemic" as AIDSPANIC (directly related to AIDSPEAK – the alternating, stigmatizing and medicalizing discourses surrounding HIV/AIDS) (1988), but were later transformed into individual understandings of HIV/AIDS and the social meanings associated with being a carrier.

¹⁰⁸ Ann was involved in a number of volunteer projects and often invited me along to visit and work with her.

¹⁰⁹ According to field notes, the leader of this meeting said the community was involved in the "vitamin propaganda," (namely, Manto's claim that certain nutrient and vitamin intake, resulting from eating certain foods would cure people of AIDS or slow the progression of the virus) and were reliant on rhetoric that positioned "nutrition" over ARVs, so that the TAC's campaigns were politically in opposition to the ANC.

was translated by the community as hostility towards the ANC, leading to intense rivalries in the community between political factions and violence¹¹⁰.

Ann asked how she could assist effectively during her 2-month stay. She offered to help in the community or do research for any appeals that this branch of the TAC was trying to undertake. The leaders explained that due to tensions, they could not ask for assistance unless the safety of those involved in TAC was ensured. They were “desperate for direct intervention” because people were afraid, and the TAC was shrouded by “distrust” (field notes). It was decided that UCT paralegals could not assist until people started approaching this branch again. Ann was thoroughly frustrated. She could not believe that politics were an obstacle to people receiving treatment or support, and could lead to inaction.

In focus groups, respondents were encouraged to discuss issues related to HIV/AIDS from the prior week. In the week following our visit to Guguletu (mid-May) Ann’s discussed her frustration with the experience at TAC:

It just shows again how many obstacles this country has to face to get one thing done. TAC is national. I felt so inspired especially because it led the push to get HIV/AIDS into the legal system, but it was all just red tape. Because when TAC attacks the AIDS reform stuff they are attacking the ANC, and no one wants to be involved in TAC. Those people who do get involved think they are anti-ANC, and people are getting killed over this in the townships. It almost makes AIDS a political issue which is so ridiculous.

This was “another reason for being pessimistic” for Ann. She felt frustrated that she was completely unable to assist in any way, and that a person could not just say they were HIV+, without it becoming a “political thing with many layers.” The discussion turned to the concern students had over the fact that the challenges faced by those working with AIDS, or living HIV+ in Southern Africa were so different from what they had thought them to be. Rather than being an issue of ignorance about the disease or lack of access to healthcare, respondents were surprised that what hampered people’s ability to approach HIV/AIDS was their disbelief that HIV/AIDS was real, or their distrust of medical advice from “white people” (Shay focus group #8).

Ann was not the only respondent who discovered through experience that the “answer” to the “AIDS problem” was not as simple and straightforward as education and condom distribution. May worked at LEAP as a volunteer, teaching a life skills

¹¹⁰ The assumption was that TAC was politically affiliated and anti-ANC. Some attacks ensued with many threats towards those associated with the TAC in the area. This was the explanation behind the limited attendance, and the difficulty this particular branch was experiencing.

class that dealt with issues from time management to talking about sex. May co-taught with five other UCT exchange students, to approximately 30 fourteen-year olds. The day that I sat in, the class was discussing what love meant, and how one should go about expressing it. May told me that this was a continuation of the prior week's discussion and what surprised her most was that one young girl had said to her that, no matter how many gifts she gets from boys trying to win her affection, she still feels as though she is being "bought." This concept surprised May. As she recounted this story¹¹¹, she expressed concern that people of such a young age were seeing sex and love in such a market-driven, economic way.

Volunteering gave May insight into the nuances of difference that exist in some southern African economic spheres. Without respondents' involvement as volunteers, the social implications of colonialism, development and structural inequality as they affect the "AIDS problem" would not have been realized. Further, they would never have been able to reflect on their place in other people's space. Initially imagining their study abroad period as a chance to see Africa, combined with the altruistic notion of "helping" people in need, several respondents transitioned from seeing themselves as optimistic saviours to self-described pessimists. Others acknowledged the problematic nature of thinking one can solve the problem of HIV/AIDS without addressing the wider social structures that create uneven prevalence rates.

Reflecting on Their Place in Other People's Space – No Quick Fix

I discovered that students initially perceived very little personal "risk" in their travels to South Africa, due to solid knowledge of contraction and transmission, and a tendency to perceive the possibility contracting HIV/AIDS (aside from cases of rape, or blood transfusion) as a behavioural decision within their control; "I am not somebody who would do any of the above things that I mentioned as being risky behaviour" (May) or "it's not like I will have drunken sex at a party" (Therese). The transmission of the HI-virus is seen as a behavioural decision within the control of these students, since the decision to have sex or not is well within their control. This is

¹¹¹ The girls at LEAP repeatedly explained that they expressed love through kisses and hugs, where boys described expressing love through the purchase of gifts, because as one boy said "we want those kisses and hugs."

an attribute they applied to all peoples, not realizing that the agency involved in the decision to have sex is not a benefit everyone is privileged to have.

For those who are not struggling, starving people, reliant on an economic system of structural injustices that often forces one into sexual relationships to maintain basic needs (Goze and Seri, 1991), the idea of sex as a personal, individual behavioural decision is not unreasonable. In this framework, the idea that HIV/AIDS transmission can be curbed through educating people as to how (or with whom) to have sex makes sense – this is the position from which my respondents initially viewed the “HIV problem” in South Africa.

Many respondents initially thought that the solution to “HIV/AIDS in Africa” began and ended with condom distribution and education – a simple, quick-fix. Only through time in Cape Town (and the rest of sub-Saharan Africa) did respondents begin to question (and contextualize) the “quick-fix solutions.” Therese describes the moment she realized that condom distribution would not solve the problem of AIDS. In a small village in Swaziland on World AIDS day, Therese was distributing condoms with other American students, and was approached by a woman:

...it wasn't official but we had these t-shirts from the South African High Commission so it looked official. We went around to random towns and would stop in a parking lot between pool halls and stores. We had surveys, like what can you do to help stop HIV/AIDS in Swaziland? Or, what can the government do? And we would talk to people, hand out free condoms and explain that we were just trying to get these pledge cards signed. We were talking to this group and this woman was pleading with me. She was like “these are nothing to me” and she threw them on the ground. I think she had been drinking a little bit but, she said “these are nothing, these are trash.” And then she said, “give me something I can use to protect myself” and her husband was sitting there very drunk. She said “my husband won't wear these, and I want something for me, to protect me.” And I said, ok, well I don't have anything for you. So she told me “bring it to me, just go get it.” And I told her I didn't have anything and I was sorry but I couldn't bring it back to her. And I told her to go to the clinic, but it was so depressing. She said “I don't want to die for no reason, if I die it's your fault,” and I just didn't know what to do. . . . part of it is giving people a voice, and not saying that we know what's best for you. How can we fix it, that's what the whole anthro class is about, it's talking to people and finding out what they need, but it's hard because there are things people won't talk about, and they are sick, and then they die. No one gets AIDS and dies, they get “sick.” So I guess AIDS education, but that's such a big thing, you can't fix it just like that. If we focus on education, and on things like Zuma never talking in public again (Therese).

Therese's statement reflects an awareness that education and condom distribution are not the only answers, and that there are complications in dealing with HIV/AIDS that go beyond a lack of knowledge or contraceptives amongst “African peoples.”

Therese's realization of the disempowerment of certain people (particularly women) was a catalyst for her changing perspective.

Therese realized that the solution to “AIDS in Africa” is not more education, but adjusting the structural inequalities that maintain groups of people in positions of oppression. Moreover, her presence, in an attempt to “fix it” may not be helpful:

... what we were doing was so not right. We are not trained AIDS educators, we just started walking around with condoms and pledge cards, and saying ‘any questions you want to ask us.’ Like I think I have the basic knowledge about HIV that everyone needs to know, but I am not an expert, I can’t answer every question. I know how you get the disease, I know how to put on a condom, but ...

Therese’s observation that she did not feel adequately equipped to be dealing with people’s concerns, needs and wants regarding HIV/AIDS might help volunteer coordinators in the study-abroad programs prepare their volunteers more effectively.

I asked Therese how she thought HIV/AIDS issues could be addressed, since present attempts were not working, and she explained: “just making sure things are available. You can have an education program, but you can’t coerce people into attending.” This “difficult question” left Therese perplexed. The same conversation came up again in a focus group in Liesbeeck Residence Hall in mid-April.

After Therese recounted her story, this group of five women and one man responded with two different lines of conversation. The first was from Ann who explained that when she first arrived in Cape Town, a student of international medicine, with experience living in South America, she thought that the solution to the “AIDS problem” was condom distribution. Over her time in Cape Town, where she volunteered at Brooklyn Lung Hospital and as a TAC paralegal, she had become pessimistic about condom programs and education campaigns. Ann realized that condoms were not the answer because of the lack of agency and disempowerment women face in general (including sexual acts), often not having the means to chose their own form of protection, which “must be changed.” Ann offered an alternative, explaining that while microbasides are still being tested, and although there are negative connotations with the wetness (stigma that relates to dirtiness) they cause, they at least put some power back into the woman’s hands.

Jen explained that while she was on a trip to Botswana she had a conversation with some men whilst bartering goods. One of the things she had to trade was a package of condoms, which she pulled as she said “do you guys all practice safe sex? Go ahead and practice safe sex,” to which one of the men said “we could try.” It was the reaction of the other men standing around her that surprised her: “they were

looking at me as if I was speaking gibberish.” Jen’s story ended, and shortly thereafter she left the room. At this point, Paul spoke:

Paul: I find myself lapsing into a really pessimistic state of mind. If this is all cultural, and this is all about social norms and attitudes and daily aspects of rural life, you can have all the Live AID concerts you want, and you can funnel all the money into the cause, but what are you going to do? What is the solution? I find myself, in the daily interactions, knowing how to deal with it, and the people who have it, knowing how to appreciate where they are coming from, but as far as the big picture, being a young person, wanting to see things get better, still not sure where we are going there, that’s what bothering me. I don’t want to say that AIDS is cultural, but that’s our Western way of understanding it, so what can we do? I didn’t want to harp on Jen before, but the image. It’s not fair because she isn’t here, and I know her story is completely contextualized, but this image of this American girl, going to Zimbabwe and waving condoms in people’s faces asking if they are having safe sex. You know its kind of offensive to me, and its confusing. Is that our role? Are we really right to do this?

Therese: I felt the same way on that World AIDS day. Everyone thought we were doing this great thing, and I told my friends, it’s more for my own education, talking to people to find out what their issues are. That’s the way I thought of it, you know, tell me what you want your government to do. Tell me what you think you can do. That’s what I thought of it, and everyone else thought oh, we are giving them free condoms.

Paul: Yeah that’s what I thought. I think it’s really problematic, you know that attitude of the white saviour, you know the Bono thing.

Ann: I have said this before, but it’s the whole condom thing. I’ve also become very pessimistic. I think the only thing that’s gonna stop this is finding a vaccine. Condoms are not going to work. They don’t work anyway. You can’t produce enough condoms to provide for all families. I mean how many condoms do you really need? So I am completely over Americans going in, and over trying to help culturally transmit this new way of fighting the disease because I think it’s complete imperialization of the culture and should not be done. All money should go into a vaccine. How can you change a whole cultural village?”

Carla: “For me it’s about female empowerment.”

Amber: What did this pessimism come from? And your pessimism, Ann, would you say it has changed while being here; increased, decreased or newly emerged?

Ann: It has come on, increased insanely since being here. I think before coming here I thought that maybe people would understand the needs of wearing a condom. I think that’s where I left off, but then you realize how absurd that is to think about from another perspective. And the practicalities of supply and demand basically. So I guess it changed hugely here, but I was still doubtful before.

As time lapsed, and the weekly research discussions continued, respondents began to realize that they were not just “going to Africa to save the people.”

Discussions emerged showing that students were attempting to understand how their interactions in Cape Town and elsewhere affected others. These discussions began to reflect a sense of reciprocity – not only did students remark on their volunteering (their giving and providing of services), but reflected on how their time in Cape Town would leave an indelible mark beyond their “service.” The own realization of themselves as “disease carriers” is one example:

I know most people did say they weren't going to have sex here, or they would have sex within the group of Americans, but . . . as many things as we are worried about contracting here, we are bringing a lot of stuff with you. I guarantee you with a group of 500 Americans and a couple of Europeans there's enough, well HPV. I don't know if HPV is a big issue here, but it's a huge issue in the States and so I know that by us coming here. . . I think the majority of the women in the States have HPV . . . So basically all women who are coming here who are sexually active are spreading something else . . . (Nicole, individual interview, late April).

Nicole noted that American females are carriers of HPV, a relatively uncommon STI elsewhere in the world, a point that Ann also reflected on in a focus group in late April (consisting of five female respondents). They discussed their negative impacts on the various communities they worked and socialised in. The conversation below followed Ann's mention of herself as carrier of HPV into South Africa:

May: It was interesting when we were doing training for Masipumelele [to learn that] when travelling we bring diseases that the kids aren't used to. If we get a cold, we are not supposed to come because we could make an epidemic. You don't think about it, because when you have a cold you just go to class, you don't think that the whole class is going to get it. I mean you come with it, and you leave with it, but now you know it's not how it works.

Ann: In studying diseases it has been so fascinating to see that an airplane is the worst place to be. It's so interesting how your body cannot handle common colds from another country.

Shay: It is so ridiculous the damage it could do, just one mutation.

This discussion upended notions of "health" that divide the first-world "us," from the third-world "them" as disease carriers. This "change" in the ways students saw themselves moving from at "riskⁱⁱⁱ" amongst their South African peers to being possible carriers of infections, exhibits a change in the conceptualization of "others" as disease carriers.

Conclusion: The Experience of Change

You can't ask someone why don't you go get your medicine every week? Well, why don't I eat every day, you know? So being here that part has changed. I thought it was one of those things that I could come and open an AIDS clinic and bring in lots of people, but it doesn't work that way . . . (Shay, mid-April).

Shay's experiences volunteering, first in Cameroon, for a month, and then in Cape Town, led to the previous statement. The change for her was realizing that the answer to curbing HIV/AIDS contraction was not as simple as condom distribution and ARV rollout – that solving basic needs like daily nutrition must be dealt with. She explained that she did not know how to begin to talk to people about their long-term health or preventative measures when they were struggling day-to-day to find enough food to survive. Like Ann, before arriving Shay was unaware of the various

mitigating factors that led to female disempowerment, poverty, structural inequality, etc., and hence higher infection rates. Shay's optimistic hope to "open an AIDS clinic" was dashed, like Ann's idea of condom distribution as a quick fix. But what was learned about the reality of life outside of their particular existences in the US is invaluable (as Alger suggested), and something that most respondents described as a change in their understanding of HIV/AIDS. Jen's narrative below exemplifies the way that her understanding changed:

Not my understanding of what it is, but how it affects people. On my drawing¹¹² here I drew people's eyes because I feel rather than it being a problem that is so far away, I now see how it is actually dealt with and affects so many people's lives, especially children. I don't think I realized just how it affects the younger generation. When their parents die, they have to go live with their grandparents and if they don't have grandparents, then where do they go? The whole, how affecting it is . . . the other reason I am drawing the eyes is because of the myth. More people have it than you understand to be affected. I think the whole perspective on statistics, I didn't realize that until I came here. Like how misconstrued statistics are and how you almost can't trust them at all cuz if you think about how ambiguous they actually are . . . (follow-up, June 2007)

Jen discussed how she realized that HIV/AIDS affects people's lives through her time in Cape Town. She saw how the virus changed from a "problem that is so far away" to one she saw being dealt with on a day-to-day basis, which was a catalyst for her change in understanding. Similarly Sally explained:

It was really eye opening to take my perspective and compare it to where these people have grown up. How easy it would be, if I was in their situation to have no idea what the real deal was with HIV/AIDS. It would never have come to me, and it would never have been something I would have gone out to get. . . before it was just a disease that was far removed and that I didn't understand on a personal level. There was no face attached to HIV/AIDS. If it's just a disease with a blank face its easy to ignore but if you personalize it, well before I didn't know a person, didn't identify it to a person. Now I know people who are affected by HIV/AIDS, know what it can do to a family and I can put faces to the disease (follow-up, June 2007).

In "The Anthropology of Tourism" Burns suggests that the tourist is "the agent of contact between cultures and, directly or indirectly, the cause of change in the less developed regions of the world" (1999:77). I would argue instead following Chambers, drawing on respondents' narratives, that the tourist, if she/he lets her/himself be, is the one changed:

Travel, migration and movement invariably brings us up against the limits of our inheritance. We may choose to withdraw from this impact and only select a confirmation of our initial views. In this case whatever lies on the other side remains in the shadows, in obscurity. We

¹¹² I asked respondents in final interviews to reflect on their understanding of HIV/AIDS. I asked them to draw an image of how they understood HIV/AIDS before coming to Cape Town, and an image of how they portray it now. I explained that the images could be exactly the same, but asked that they explain their images when they completed the drawing. A sampling of respondents' images and explanations can be found in the appendix.

could however, opt to slacken control, to let ourselves go, and respond to the challenge of a world that is more extensive than the one we have been accustomed to inhabiting (Chambers, 1994:115).

As my respondents became more open to experiencing the “challenge of a world that is more extensive” than their own, they began to critically reflect on their past expectations and understandings. Although this may have led to pessimism amongst some, others came away from their experience in South Africa and my research project, with a nuanced understanding of HIV/AIDS, which incorporates the social aspects of infection and an ability to consider the effects of the disease through the experience of “actually knowing people who have it.” Students explained that they could no longer distance themselves from HIV/AIDS, as their experience in Cape Town has challenged their ability to imagine themselves within a matrix of immunity.

The urge to help, the move to Cape Town and respondents’ experiences volunteering all contributed to a change in the way respondents understand HIV/AIDS, and particularly, this notion of “HIV/AIDS in Africa.” Although initially, concepts of Africa led respondents to the notion of abstaining from sex while in Cape Town, a majority found themselves practicing safe sex and talking about it with their partners. Through volunteer work, notions of HIV/AIDS changed – namely, in students’ understanding of the “problem” and their beliefs on “how to fix it.” The experience of being abroad allowed students to have a nuanced and “social” perspective on the virus, changing the way they frame and relate to the disease.

Epilogue: Limitations and the learning experience

Before making apologies for the limitations of this research, I must explain my position as researcher coming into this project. My personal context is relevant to this research beyond my subjectivity as a young anthropologist. Born in Cape Town, but relocated to the US at a young age, the majority of my schooling was at a New York public school. Raised in an urban environment, where the majority of my classmates were not well-travelled, people responded with surprise and alarm when my country of birth arose, eliciting comments like “But you’re white!” or “Did you have electricity?” This coloured my perspective of the general “American public” leading to assumptions I only realized I had when disappointment arose at the level of intelligence, care and understanding my respondents exhibited in their hesitancy to discuss expectations and fears “of Africa.” Although I paint the picture in this thesis of respondents who understand Africa through stereotypes, it must be mentioned that my respondents often highlighted that their own knowledge, out of personal research and an interest in visiting “Africa,” was more nuanced than that which had been constructed through their education and media – even in just knowing that the Africa they imagined was in fact imaginary.

My respondent pool was made up of individuals who had taken the step to come to Africa to see it for themselves – initiative to change their understanding, perhaps due to recognizing the limits of it. In learning with my respondents, in researching *with* them as Bemak (1996) describes, I discovered my own expectations and stereotypical assumptions of “Americans” and hopefully, to some extent, overcame them. Learning with my respondents was key to this research, but my learning process did not end with undoing my perceptions of “Americans.”

Growing up in the US, and having been a comparative ethnic studies major (A.K.A. critical race theory) at Columbia University, I was highly aware of the construct of “race” as a central factor to all notions of “Africa” and in most cases, HIV/AIDS. It was not my intended focus, initially, to steer clear of “race” as it related to HIV/AIDS perceptions amongst my respondents, but as my research began to unfold, it became clear that a discussion of “race” or this type of inquiry would force me to exceed the word limit of this dissertation. That said, I do need to say, that my respondents, especially the three ladies who self identified as “women of

colour¹¹³” (Ammelie, Nicole and Jane) highlighted how central “race” is to the way people understand HIV/AIDS, and especially the way my respondents saw perceptions of HIV/AIDS playing out in South Africa. Aside from “race,” as a result of the word limit to this dissertation, I found myself unable to delve into a number of topics that I felt would have been central to a larger project of this same nature; such as students sexuality, expectations of other foreign nations, etc.

As I am new to the discipline of anthropology (although not to field research), I found myself severely lacking, when reviewing my notes on personal accounts of my own embodied experience. My field notes are immaculately detailed with the actions of my respondents, intricacies of situations and descriptions of locations, but lack the necessary personal reflection to include enough of my own experiences as a researcher. Specifically, with regard to my experiences as a “gateway” to South Africa for a majority of these students; as I was a middle-man for them, a comfortable person to talk with, maybe because of my accent, or some of my “Americanisms,” respondents often called to involve me in extramural adventures, or tagged along on my adventures with friends or got involved in my leisure activities¹¹⁴. I neglected to be aware of how important these interactions were to my own learning process, so often did not write my own feelings with regard to such experiences and hence was not able to reflect on the richness of these experiences. This thesis has been about learning and un-learning past conceptions - I have learned the value of my own personal diarizing while researching, and will reflect more carefully in future endeavours.

As someone my respondents saw as “knowledgeable” about “South Africa” and “HIV/AIDS,” I often found myself expressing my rather controversial opinions with hesitancy, as I knew my own opinions evolved out of my very particular experiences with life, and perhaps were coloured in a way unfair to my respondents. As such, I often mollified my responses, toning them down a bit, and making sure I introduced them with a “this is only my opinion” or “I am no expert” caveat. In limiting my responses, and chameleoning myself at times, so as not to offend, I fear I may have hidden parts of myself from my respondents, in an effort to protect them

¹¹³ It is particularly important, and says a lot about U.S. racial constructs that these women who self-identified as people of color would also be more sensitive to the racialized tendencies amongst their white peers who they see linking race and disease.

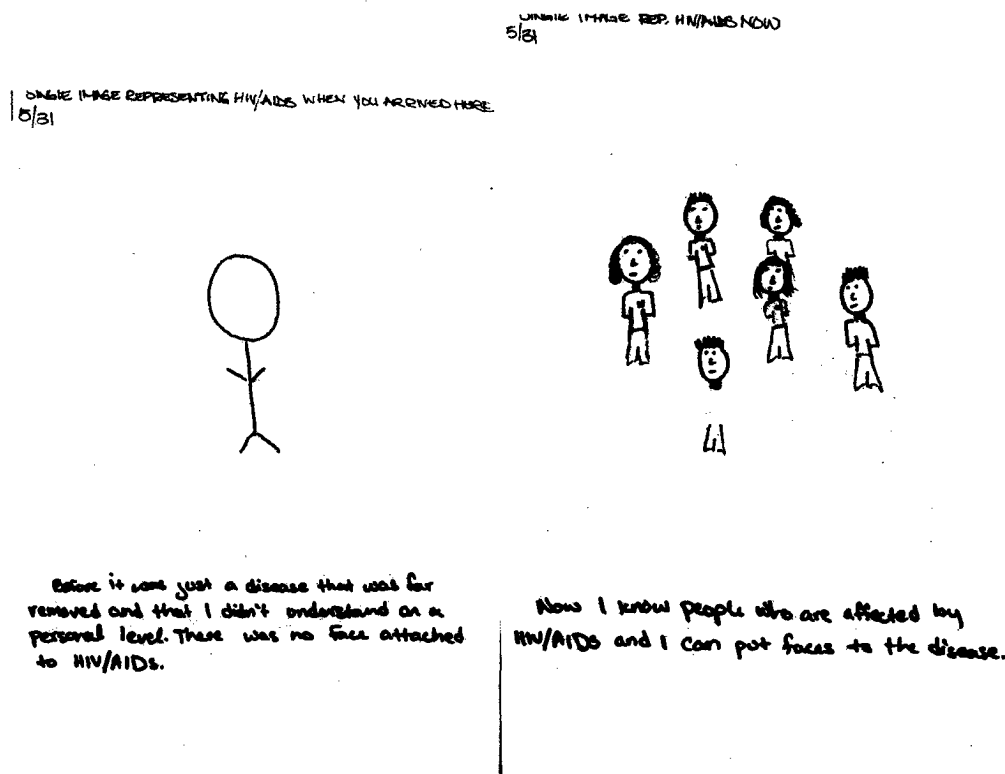
¹¹⁴ Shay joined my rugby team and Carla attended parties with me, and made friends with some of mine, extending the network of people they knew outside of CIEE and the university.

from some radical positions. This effort, I think, in retrospect, was un-necessary as respondents seemingly offered themselves openly to me, without protecting me from their opinions, and I owed them the same.

Thus, it becomes evident that "risk assessment" and perceptions relating to HIV/AIDS are constantly shifting, evolving and changing, just as the "cultures" of the peoples who are embroiled in these assessments and perception making. By accepting the fluid nature of the ever evolving (without a Darwinian connotation that would have evolution lead step-wise towards some epitomized or ultimate "civilization") understanding of HIV/AIDS in this context, the change that respondents discuss in their understanding of HIV/AIDS in Africa from their time at home through to the end of their stay in Cape Town is simply that; an ever evolving, fluid process of discovery of the threads of truth weaved into the stereotypes and myths of American production of African AIDS.

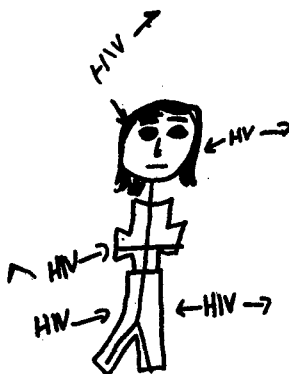
Appendix A: Student Drawings and Images

Respondents were asked to draw single images reflecting on how they understood AIDS as it related to Africa before and at the conclusion of their time in Cape Town. The following are examples from respondents.



Sally "before" and "after" pictures.

BEFORE



Mary “before” and “after” pictures.

BEFORE

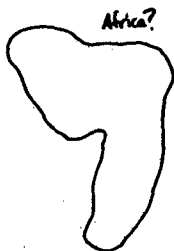
ER episode

Rent



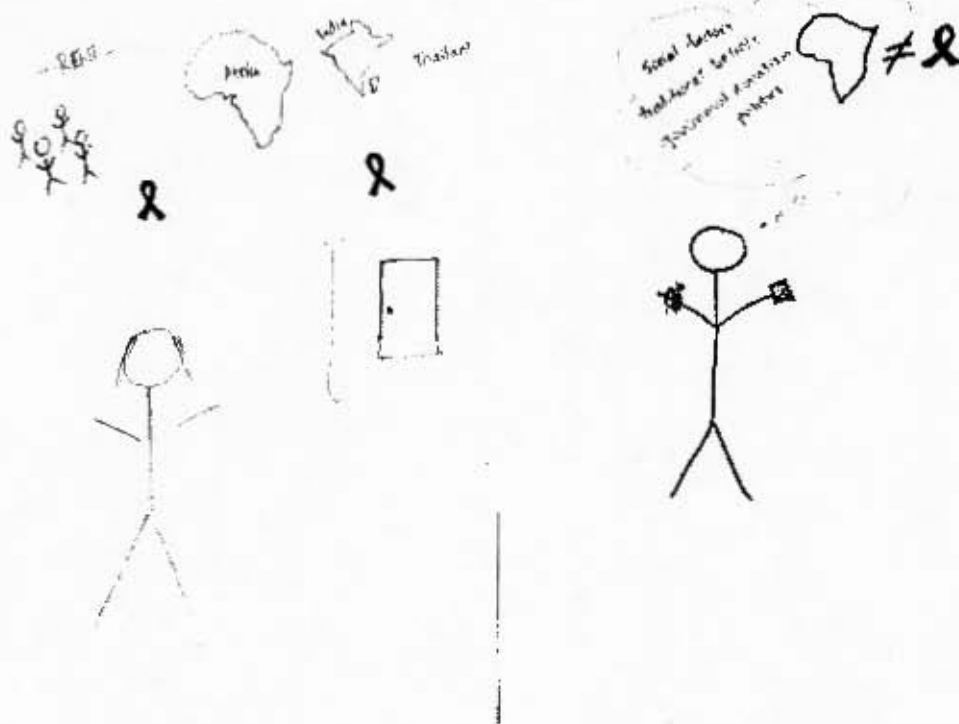
Culture

Masculinities
Femininities

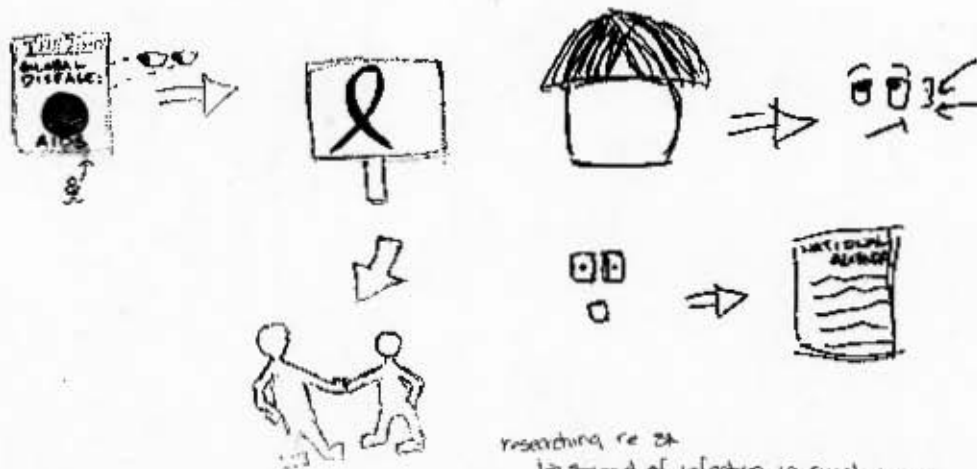


1/5

Shay’s “before” and “after” pictures.

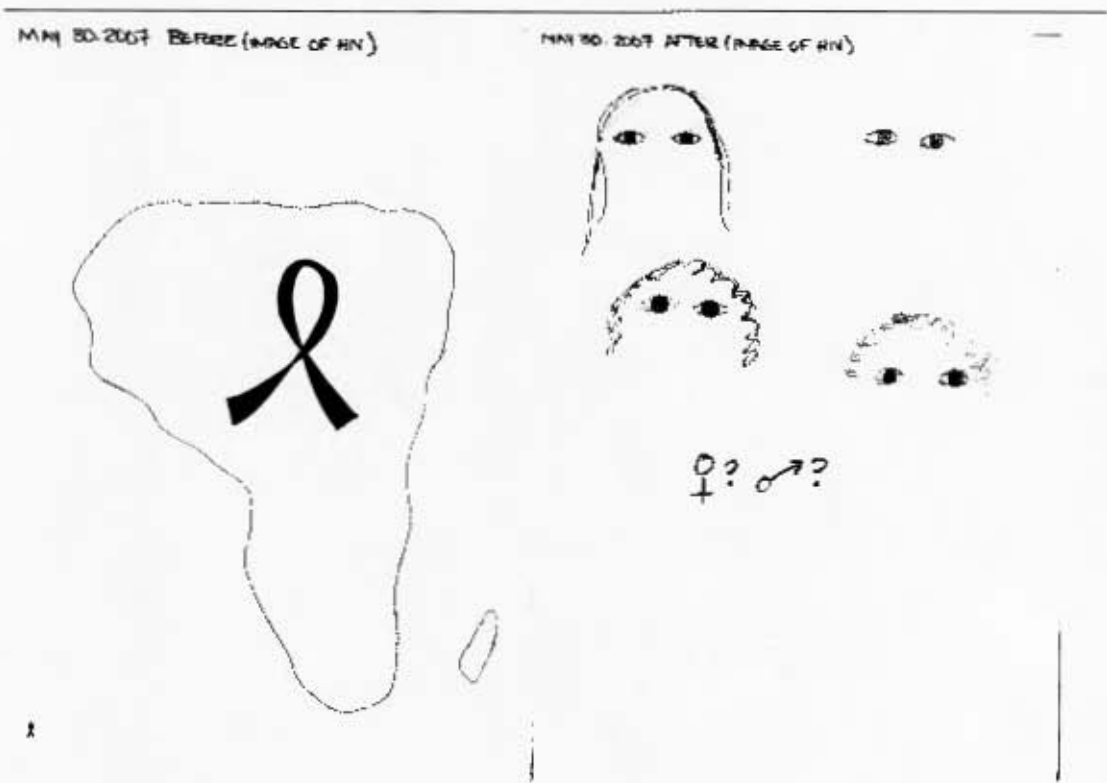


Therese's, "before" and "after" pictures.



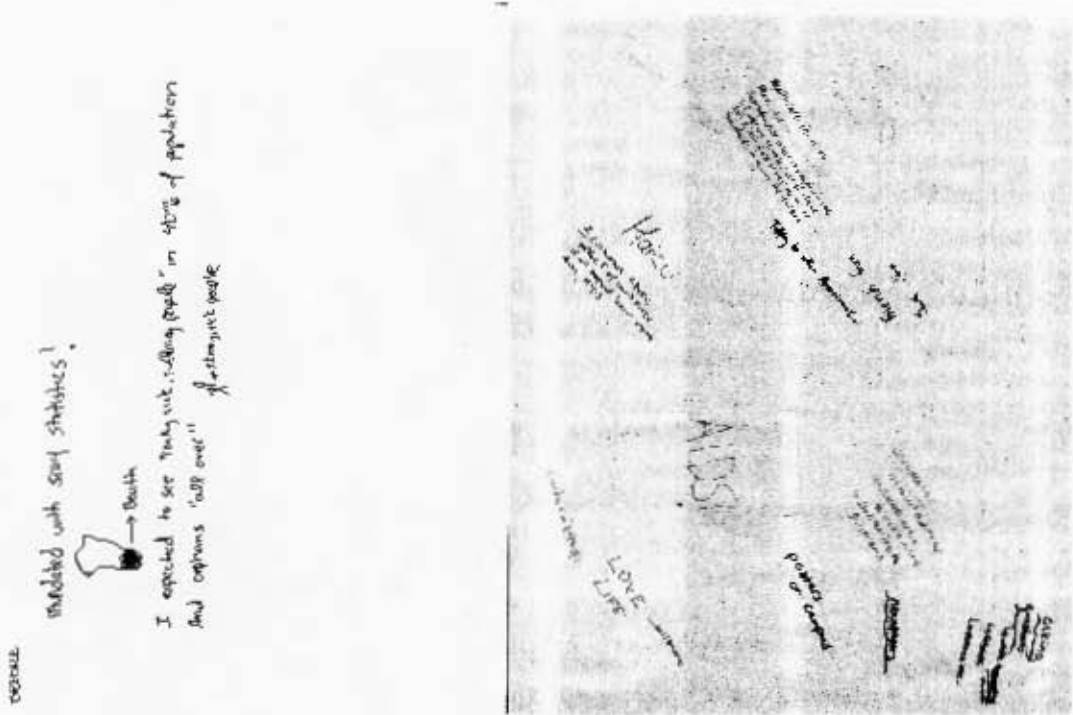
researching re 24
 to spread of infection in rural areas
 → discussion how different from sharing
 "cultural practices" as barrier to stopping spread
 → people talk of it outside of their
 poor people = rural
 or in cities = immigrant pop = sex workers
 → people here don't link themselves w/ HIV/AIDS
 to do w/ connections of promiscuity

Ammelie's "before" and "after" pictures.



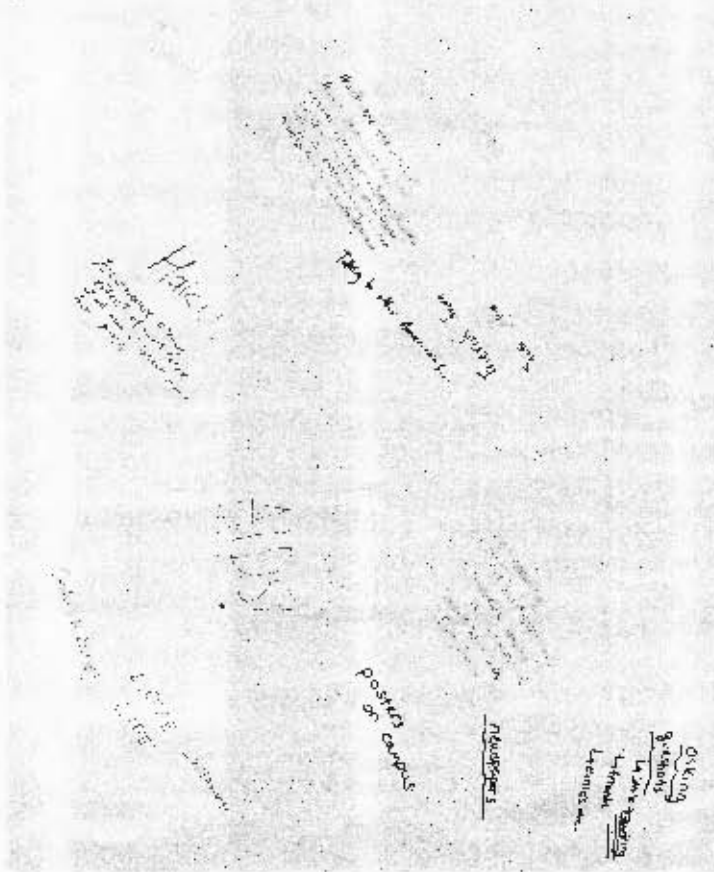
Jen's "before" and "after"

"I showed all different color eyes to show that I became more aware that anyone and all are affected by HIV/AIDS, and being here has helped me realize its not a distant thing."

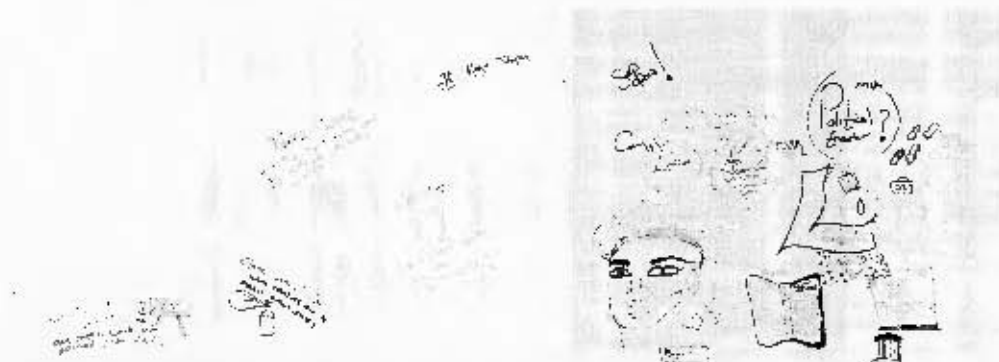


Ann's "before" and "after" pictures.

Respondents, in focus group were often asked to make posters that dealt with the various topics that arose during our sessions, below are some examples of these posters.



For this poster students were asked where they received information while in Cape Town regarding HIV/AIDS.



These two posters asked respondents to represent the places and spaces where they received information pertaining to HIV/AIDS in the U.S.



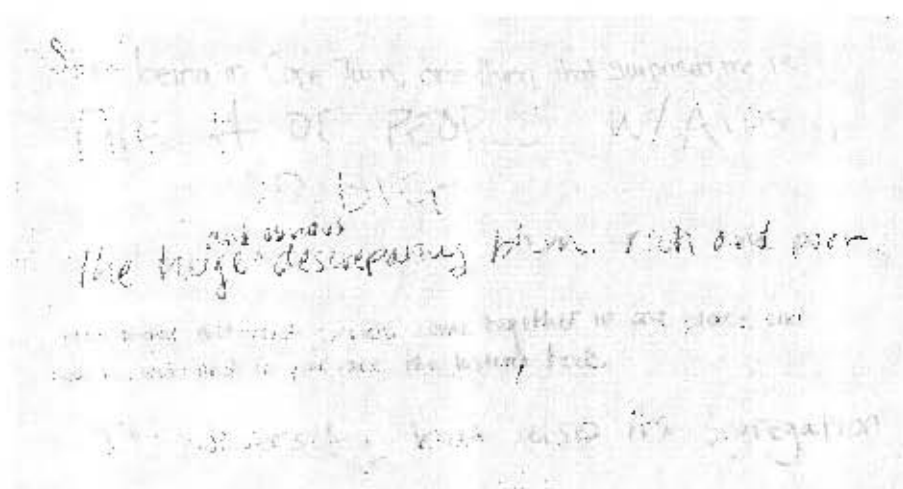
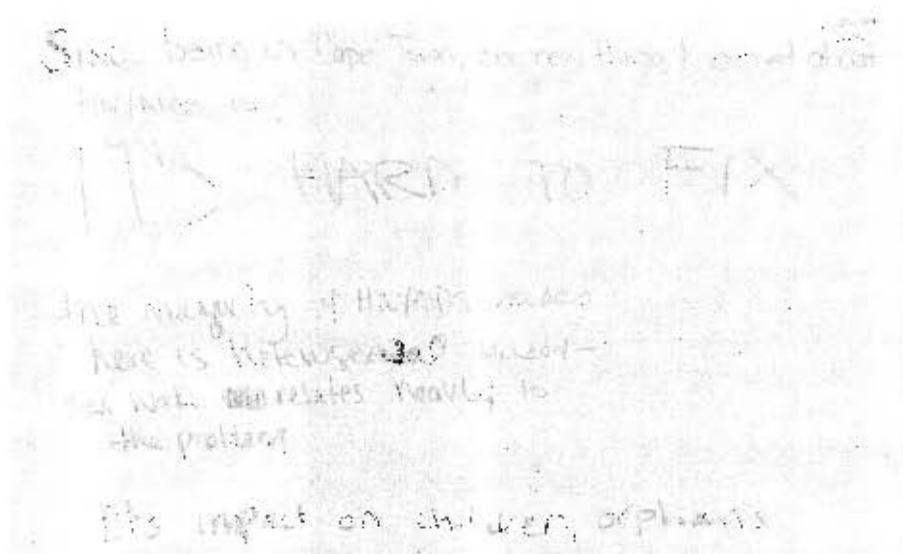
This poster is divided into two sections – fears and expectations of Africa in the top section, and media representations of Africa on the bottom section – according to the topics that arose in the previous week's focus group.



Respondents were asked to “map” the places and spaces they received information regarding HIV/AIDS in the States, the above is a group representation.



This is another focus group’s representation of “fears” on the top section of the poster, and of US media portrayals of Africa in the bottom section.



These two posters are from focus groups I conducted in the residences of participants who lived with large numbers of American students who were not respondents of mine.

Appendix B: Bono and Peer Comments

Assumptions emanating from media representations create the image of Africa in need of help from the wealthy West. Below are two excerpts from the OpEd section in Time Magazine on April 23, 2007 that comment on a letter from the prior week written by musician Bono imploring people to get involved with his AIDS projects. The section was entitled Bono's Call to Action, and the following was printed:

Bono's good intentions for aiding Africa are admirable, but he appears to believe that government-to-government aid will help Africans [April 2]. This is wishful thinking. Liberal Western democracies have poured billions into Africa to relieve suffering, but the money has disappeared, with no benefits for the people. The only hope is people-to-people aid, like what was recently provided by Oprah Winfrey at her Leadership Academy for Girls in South Africa. She personally funded and supervised the school's design and construction and approved the curriculum, instructors and the selection of the most outstanding students. If we could find another billionaire who would do the same thing for outstanding African boys, there would be hope for saving Africa from itself.

Jack H Stuart, Eagle, Idaho US

WOW, Bono didn't point fingers at any one or accuse the US of not sending enough money to Africa. What a rarity from a celebrity! Bono's well-written insight is inspiring and has heart. He recognizes that the US isn't the only country with Africa's fate resting on its shoulders. European nations also need to take action.

Sarah Gooch, Columbia, Missouri US

The first quote makes clear the assumption that aid for AIDS is failing because of the selfish leaders of these "African" countries, and that money from without is the only answer to "saving Africa from itself." The statement, that Africa needs saving from itself, is wrought with the same assumptions that my respondents entered the country with. These assumptions decontextualize Africa's position, economically and socially, from its history of colonialism and oppression. The following quote also relies on the same assumption, the white man's burden rhetoric, in saying that Bono realizes that the U.S. isn't the only one with Africa's fate resting on its shoulders. Again, media, even in the decisions to publish particular letters written into a magazine reiterate and reify concepts that look to blame Africa for all the problems the continent faces, without ever looking within or reflecting on their own actions. As such, the repercussions of colonialism do not end with the struggling governments, collapsing economic systems or dependent people, they extend all the way to the

conceptualization of Africa from abroad, and consistently allow for distancing from any real responsibility for the situation people find themselves working through.

Below is a letter sent to May from one of her peers in the U.S. – this according to May, is illustrative of the questions she faced from her American peers and acquaintances.

Hi Amber!

Here's the question my acquaintance had asked in that email about my concerns with being in an environment where HIV/AIDS is so prevalent. Hope this adds to your research some how :). Talk to you soon!

Question:

"This is another stupid question, but when you meet South African natives- the black population, are you ever nervous being around them because of the AIDS epidemic? I mean I know that you cant just contract the disease by meeting them but what if they have like a cut in their hand or something...I was just wondering what your take on it was."

–May

This is just one example of many that students relayed to me, making it clear that the questions, perceptions and fears of family and friends did affects respondents before arrival in Cape Town. The amount of information collected on this could produce another dissertation in and of itself.

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